NHS
Bradford Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS MEETING IN PUBLIC
AGENDA

Date:	Thursday, 25 September 2025	**Time:**	09:30 – 12:30
Venue:	Conference Room, Field House, BRI	**Chair:**	Sarah Jones, Chair

- 09:50 – 10:05 –Osman Chohan, Director of Pharmacy & Erin Payne, Pharmacy Business, Service & Performance Manager - Bo.9.25.7 – Getting to know the CSUs - Pharmacy
- 10:25 – 10:35 – Faye Alexander, Head of Education – Bo.9.25.11 – Education self assessment report
- 10:45 – 10:55 - Sara Hollins, Director of Midwifery, Bo.9.25.13 - Maternity and neonatal services update
- 10:55 – 11:05 – Michael McCooe, Associate Medical Director - Learning from Deaths, Bo.9.25.14 – Research activity in the Trust
- 12:20 – 12:25 – Jennifer Pope, Data Protection Officer, Bo.9.25.24 - Annual Data Protection Officer report

Observers:
- John Waterhouse and Imran Ellam – Governors
- Scott Benton Symonds – Graduate trainee
- Andrew Hughes & Jayne Phillips - ANHH Consulting

No.	Agenda Item	Lead	Outcome	Papers attached
09:30 Section 1: Opening matters				
Bo.9.25.1	Apologies for absence • Karen Dawber, Chief Nurse (represented by Jo Hilton, Deputy Chief Nurse)	Chair	For information	Verbal
Bo.9.25.2	Declarations of interest	Chair	For information	Bo.9.25.2
Bo.9.25.3	Minutes of the meeting held on 31 July 2025	Chair	For approval	Bo.9.25.3
Bo.9.25.4	Matters arising	Chair	For information	Verbal
09:35 Section 2: Business Reports				
Bo.9.25.5	Report from the Chair	Chair	For assurance	Bo.9.25.5
Bo.9.25.6	Report from the Chief Executive	Chief Executive	For assurance	Bo.9.25.6
09:50 Section 3: People				
Bo.9.25.7	Getting to know the CSUs – Pharmacy	Chief Operating Officer	For assurance	Presentation
Bo.9.25.8	Report from the Chair of the People Academy a. September 2025	Chair of the People Academy	For assurance	Bo.9.25.8
Bo.9.25.9	Healthcare Worker Flu Vaccination Campaign	Director of HR	For approval	Bo.9.25.9
Bo.9.25.10	Equality & Diversity Council update	Chief Executive	For assurance	Bo.9.25.10
Bo.9.25.11	Education self assessment report	Chief Medical Officer	For approval	Bo.9.25.11
10:35 Section 4: Patient Care				

Osbourne-Sheridan
26/09/2025 10:08:31

Bo.9.25.12	Report from the Chair of the Quality Committee a. September 2025	Chair of the Quality Committee	For assurance	Bo.9.25.12
Bo.9.25.13	Maternity and neonatal services update	Chief Nurse	For assurance	Bo.9.25.13
Bo.9.25.14	Research Activity in the Trust	Chief Medical Officer	For assurance	Bo.9.25.14

BREAK 11:05 – 11:15

11:15 Section 5: Finance and Performance				
Bo.9.25.15	Report from the Chair of the Finance and Performance Committee a. September 2025 b. Integrated dashboard c. Finance Report d. Performance Report e. Annual Security Report (inc. violence prevention & reduction standard) f. Annual Health & Safety Report	Chair of the Finance & Performance Committee	For assurance	Bo.9.25.15
Bo.9.25.15g	Emergency Preparedness, Resiience & Response & NHSE Core Standards	Chief Operating Officer	For approval	Bo.9.25.15g
Bo.9.25.16	a. Winter Operational Plan 2025-2026 b. Winter Plan Board Assurance Statement	Chief Operating Officer	For approval	Bo.9.25.16

11:45 Section 6: Strategy & Partnerships				
Bo.9.25.17	Strategy – Emerging issues	All	For assurance	Verbal
Bo.9.25.18	Strategic Framework	Director of Strategy & Transformation	For approval	Bo.9.25.18
Bo.9.25.19	Bradford District & Craven Health, Care and Wellbeing Plan	Director of Strategy & Transformation	For information	Bo.9.25.19
Bo.9.25.20	Health inequalities	Director of Strategy & Transformation	For assurance	Bo.9.25.20

12:10 Section 7: Audit & Assurance				
Bo.9.25.21	Report from the Chair of the Audit Committee – 9 September 2025	Chair of the Audit Committee	For assurance	Bo.9.25.21
Bo.9.25.22	Report from the Chair of the Charitable Funds Committee – 5 August 2025	Chair of the Charitable Funds Committee	For assurance	Bo.9.25.22

12:15 Section 8: Governance				
Bo.9.25.23	High-level risks	Associate Director of Corporate Governance/Board Secretary	For assurance	Bo.9.25.23
Bo.9.25.24	Annual Data Protection Officer report	Data Protection Officer	For assurance	Bo.9.25.24
Bo.9.25.25	Board Committee appointments	Chair	For approval	Bo.9.25.25
Bo.9.25.26	Use of the Trust Seal	Associate Director of Corporate Governance/Board Secretary	For assurance	Bo.9.25.26
Bo.9.25.27	Board NRC Terms of Reference	Associate Director of Corporate Governance/Board Secretary	For approval	Bo.9.25.27

Osbourne Sheridan
26/09/2025 11:08:31

12:30 Section 9: Board Meeting Outcomes				
Bo.9.25.28	Any other business	Chair	For information	Verbal
Bo.9.25.29	Issues to refer to Committees/Academies or elsewhere	Chair	For approval	Verbal
Bo.9.25.30	Review of meeting	Chair	For information	Verbal
Bo.9.25.31	Date and time of next meeting: • 27 November 2025 – 9.30-12.30	Chair	For information	Verbal

Annexes for the meeting of the Board of Directors 25 September 2025

Annex 1: For Information				
Bo.9.25.32	Board of Directors work plan	Associate Director of Corporate Governance/Board Secretary	For information	Bo.9.25.32

Osbourne Sheridan
26/09/2025 11:58:31

Employee	Role	Date Incurred	Year	Interest Type	Date Ended	Interest Description (Abbreviated)	Provider	Value £
Altaf Sadique	Non-Executive Director	01.12.2020	2020/21,2021/22,2022/23,2023/24	Outside Employment		industrial member	GS1	0
Altaf Sadique	Non-Executive Director	01.06.2021	2021/22,2022/23,2023/24	Outside Employment		ibox healthcare is working with healthcare providers across the UK and global markets to deliver dashboards & data visualisation solutions help optimise patient flow and operational efficiency. Key customers NGH NHS Trust, NHSD, NHSHSA & Helios. Partners Telefonica, GS1, Zebra & Patient Source.	Ibox Healthcare (part of IHG Group ltd)	0
Altaf Sadique	Non-Executive Director	08.12.2021	2021/22,2022/23,2023/24	Loyalty Interests		Full member 6G health institute (EU)_	6G Health for Institute (EU)	0
Altaf Sadique	Non-Executive Director	01.09.2022	2022/23,2023/24	Loyalty Interests		Known to myself as a personal friend of long standing	Hanif Malik	0
Altaf Sadique	Non-Executive Director	01.04.2024	2024/25	Loyalty Interests		Charity to help build better emergency healthcare in south east Asia region. My role is advisor to the board on bilateral relations with charitable hospitals in the subcontinent India & Pakistan	HALO Charity	0
Altaf Sadique	**Non-Executive Director**	**01.05.2025**	**2025/26**	**Outside Employment**		**Iboxhealthcare have agreed a commercial partnership with Avanade who could be a potential supplier for BTHFT.**	**Ibox Healthcare Avanade Partnership**	**0**
Benjamin Roberts	Chief Finance Officer	01.09.2006	2015/16 & before,2016/17,2017/18,2018/19,2019/20,2020/21,2021/22,2022/23,2023/24,2024/25	Loyalty Interests		Fellow of Charted Institute of Management Accountants	Charted Institute of Management Accountants	0
Benjamin Roberts	Chief Finance Officer	01.09.2006	2015/16 & before,2016/17,2017/18,2018/19,2019/20,2020/21,2021/22,2022/23,2023/24,2024/25	Loyalty Interests		Member of the HfMA (Healthcare Financial Management Association) and Chair the Associations Digital Council	HfMA (Healthcare Financial Management Association)	0
Bryan Machin	Non-Executive Director	04.02.2020	2019/20,2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Outside Employment		Trustee (Vice chair)	St Annes Community Services	0
Bryan Machin	Non-Executive Director	01.09.2023	2023/24,2024/25,2025/26	Outside Employment		Zero hours contract as a Senior Project Manager	Sewell Advisory Ltd	0
Bryan Machin	Non-Executive Director	01.09.2020	2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Outside Employment		Member of Disciplinary Committee. Typically hear 2-3 disciplinary cases per year against CIPFA members. Has been voluntary until 2025; now attracts small payment.	Chartered Institute of Public Finance and Accountancy	0
Carolyn Bullock	Chief People & Purpose Officer	08.04.2024	2024/25	Nil Declaration				0
David Moss	Director of Estates	01.12.2022	2022/23,2023/24,2024/25,2025/26	Loyalty Interests		Chair of Northern and Yorkshire HEFMA	HEFMA	0
David Moss	Director of Estates	01.12.2022	2022/23,2023/24,2024/25,2025/26	Loyalty Interests		National Chair of HEFMA	HEFMA	0
Helen Lewis	Chief Digital & Information Officer	02.01.2017	2016/17	Outside Employment		Director of family owned company.	Vikmara Property Development Company	0
Helen Lewis	Chief Digital & Information Officer	02.01.2018	2017/18	Loyalty Interests		Son is a robotics engineer for Medtronic UK.	Medtronic UK	0
John Bolton	Chief Medical Officer	18.04.2019	2019/20,2020/21,2021/22,2022/23,2023/24,2024/25	Loyalty Interests		I hold a commission in the British Army.	British Army	0
John Bolton	Chief Medical Officer	13.11.2023	2023/24,2024/25	Outside Employment		I am an adult (criminal) court Magistrate sitting on the West Yorkshire bench.	HM Courts & Tribunal Service	0
John Bolton	Chief Medical Officer	22.02.2007	2015/16 & before,2016/17,2017/18,2018/19,2019/20,2020/21,2021/22,2022/23,2023/24,2024/25	Outside Employment		I am an accredited consultant urological surgeon in the Army Reserves.	HM Forces (British Army)	0
Karen Dawber	Chief Nurse	01.09.2022	2022/23	Loyalty Interests		Honorary Professor	University of Bradford	0
Karen Dawber	Chief Nurse	12.11.2022	2022/23	Loyalty Interests		Member of Professional Body, was previously the RCN but changed to MIP	Member of MIP - trade union / professional body	0
Karen Dawber	Chief Nurse	01.11.2021	2021/22	Loyalty Interests		Ellie is my daughter and a volunteer in the Trust	Ellie Dawber	0
Karen Dawber	Chief Nurse	14.03.2024	2023/24	Loyalty Interests		Mind in Bradford is a local mental health charity that provides free mental health support to everyone living in Bradford District and Craven. Trustee post.	MIND in Bradford	0
Karen Walker	Non-Executive Director	03.04.2025	2025/26	Nil Declaration				0
Laura Parsons	Associate Director of Corporate Governance/Boar	15.08.2025	2025/26	Nil Declaration				0
Mark Hindmarsh	Director of Strategy and Integration	08.04.2025	2025/26	Nil Declaration				0
Melany Pickup	Chief Executive	01.06.2020	2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Loyalty Interests		Mel is Honorary Professor at the University of Bradford.	University of Bradford	0
Melany Pickup	Chief Executive	18.12.2023	2023/24,2024/25,2025/26	Loyalty Interests		Trustee	Bradford City of Culture 2025	0
Sajid Azeb	Chief Operating Officer	12.10.2020	2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Loyalty Interests		Wife own optometry business which hold NHS England Contract	Optometry Business	0
Sajid Azeb	Chief Operating Officer	12.10.2020	2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Loyalty Interests		Brother a GP and Primary Care Clinical Lead for Calderdale CCG	Calderdale CCG / Calderdale PCN	0
Sajid Azeb	Chief Operating Officer	12.10.2020	2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Outside Employment		Family Property businesses	Directorship at Greenroyd Ltd and Skircoat Development Ltd	0
Sajid Azeb	Chief Operating Officer	12.10.2020	2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Outside Employment		MBA Industry Advisory Board Chair	Bradford University	0
Sarah Jones	**Chair**	**01.10.2020**	**2020/21,2021/22,2022/23,2023/24,2024/25**	**Outside Employment**	**24.09.2025**	**Chair of Realise Education & Training**	**Realise Education & Training**	**0**
Sarah Jones	Chair	01.10.2020	2020/21,2021/22,2022/23,2023/24,2024/26	Loyalty Interests		Shareholder, Realise Education & Training	Realise Education & Training	0
Sarah Jones	Chair	04.03.2024	2023/24,2024/25	Loyalty Interests		Brother MD of the Cheshire & Merseyside Cancer Alliance	Cheshire & Merseyside Cancer Alliance	0

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09/09/2025 11:58:31

Tim Swift	**Non-Executive Director**	**01.05.2003**	**2015/16 & before**	**Outside Employment**		**Elected councillor**	**Calderdale MBC**	**0**
Tim Swift	**Non-Executive Director**	**01.04.2017**	**2017/18**	**Outside Employment**		**Board member and director - this is a voluntary position within a significnat local and regional cultural organisation**	**Piece Hall Trust Ltd**	**0**
Zafir Ali	Non-Executive Director	01.11.2016	2016/17,2017/18,2018/19,2019/20,2020/21,2021/22,2022/23,2023/24,2024/25,2025/26	Outside Employment		Various roles including: Deputy Head of Internal Audit – Department of Health & Social Care Head of Internal audit for the NHS Counter Fraud Authority Head of Internal audit for the NHS Health Research Authority	Government Internal Audit Agency	0

Osbourne-Sheridan
26/09/2025 11:58:31

NHS
Bradford Teaching Hospitals
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BOARD OF DIRECTORS OPEN MEETING
MINUTES

Date:	Thursday, 31 July 2025	**Time:**	09:30 – 12:30
Venue:	Conference Room, Field House, BRI	**Chair:**	Sarah Jones, Chair
Present:	**Non-Executive Directors:** - Sarah Jones (SJ) - Julie Lawreniuk (JL) - Bryan Machin (BM) - Altaf Sadique (AS) - Karen Walker (KW) **Executive Directors:** - Professor Mel Pickup, Chief Executive (MP) from 11am onwards - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Dr John Bolton, Chief Medical Officer (JB) - Professor Karen Dawber, Chief Nurse (KD) - Mark Hindmarsh, Director of Strategy and Transformation (MHi) - Ben Roberts, Chief Finance Officer (BR)		
In Attendance:	- David Moss, Director of Estates and Facilities (DM) - Renee Bullock, Chief People and Purpose Officer (RB) - Adam Griffin, Deputy Chief Digital and Information Officer (AG) - Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) - George Reynolds, Patient and Public Engagement Officer (GR) *for item Bo.7.25.7 only* - Tabassum Parvez, Senior Charge Nurse (TB) *for item Bo.7.25.7 only* - Razwana Bashir, Matron – Renal (RaB) *for item Bo.7.25.7 only* - Sara Hollins, Director of Midwifery (SH) *for item Bo.7.25.10 only* - Robert Dadzie, Head of Sustainability (RD) *for item Bo.7.25.14 only* - Tabitha Lawreniuk, Personal Business Manager as Secretariat		
Observing:	- Andrew Hughes, ANHH Consulting - Jayne Phillps, ANHH Consulting - Mark Silver, Internal Communications Officer - Ashley Isherwood, Principal Superintendent Radiographer, BTHFT		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.7.25.1	**Apologies for Absence** - Zafir Ali, Non-Executive Director - Mohammed Hussain, Non-Executive Director (authorised absence) - Vikki Lewis, Chief Digital and Information Officer	
Bo.7.25.2	**Declarations of Interest** There were no declarations of interest in relation to the items on the agenda.	

Osbourne Sheridan 26/09/2025 11:16:31

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No.	Agenda Item	Action
Bo.7.25.3	**Minutes of the Meeting held on 29 May 2025** The minutes of the meeting held on 29 May 2025 were approved as a true and accurate record.	
Bo.7.25.4	**Matters Arising** The following actions were reviewed, and the outcomes confirmed. - Bo250015 Report from the Chair of the Finance and Performance Committee: April & May 2025 - Integrated Dashboard: The dashboard metrics were reviewed as part of the Board Development session in June. Action completed. - Bo25005 Board Assurance Framework (BAF), risk appetite review and high-level risks: Cyber Security to be considered at the Board Development session in October. Action completed. - Bo250013 Report from the Chief Executive: The volunteering team is working with the paediatric department to understand what is possible regarding additional volunteer support specifically for paediatric A&E patients and visitors. Action completed. - Bo250017 Board Assurance Framework (BAF), risk appetite review and high-level risks: Board Secretary has received the details of a colleague who can support with risk management training for the Board. Action completed.	
Section 2: Business Reports		
Bo.7.25.5	**Report from the Chair** SJ introduced her report which was largely taken as read, although she highlighted several Chair appointments and recruitment processes across the system. SJ also advised colleagues that she would be taking up the role of Chair for the West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common (CiC) from October 2025, in addition to her current rotation as Chair of the Bradford, District and Craven Collaboration Board. The Board noted the update.	
Bo.7.25.6	**Report from the Chief Executive** SA introduced the report from the Chief Executive and highlighted the following: • The new NHS Oversight Framework (NOF) is due to be launched imminently following a period of consultation. Each provider organisation will be scored against a number of key metrics and allocated a segment ranging from 1 to 4. Those allocated segment 4 will be further assessed, some of which will be re-categorised as segment 5 and provided with more focused and intensive support from the national team. The announcement of allocated segments is expected in the Autumn. • On 9 July, the Trust received notice from the British Medical Association (BMA) that its members would take five days strike action from 25 July until 30 July. The Trust has mobilised planning arrangements to mitigate possible impacts and ensure patient safety is maintained. SA highlighted that both clinical and non-clinical teams responded well to ensure services remained safe throughout. Around 50-60% of resident	

Osbourne Sheridan 26/09/2025 11:58:31

DRAFT

No.	Agenda Item	Action
	doctors took strike action which is lower than previous strike episodes, but did still result in some cancellations (approximately 14% of outpatient activity and 20% of elective cases). The Trust apologises to these patients for the inconvenience caused and colleagues are working to reschedule these patients as soon as possible. A letter has been received from Sir Jim Mackey and the Secretary of State, to thank teams for their efforts during this period, and will be shared with colleagues across the organisation. • The ten year health plan was published on 3 July and work on the development of a delivery plan was underway. KW recognised that delivery plans had been impacted as a result of the industrial action and queried how the Trust could now reset to achieve targets. SA reflected that from an urgent care perspective, performance is often improved during strike action due to consultants covering the 'front door' services, however this was not a sustainable workforce model. Work is currently underway to assess the impact of elective cancellations and the priority for teams is to reschedule affected patients as soon as possible. The Board noted the update and thanked colleagues across the Trust for their response to the industrial action.	
Section 3: Patient Care		
Bo.7.25.7	**Patient Story** TB, RaB, GR and CB joined the meeting to support the discussion on the patient story, the full video of which had been viewed by Board members prior to the meeting. The video centred around the experience of a patient who regularly accesses the renal service at the Trust supported by his wife. The video prompted discussion from the Board on what improvements could be made more widely across the Trust to provide a better experience for patients and their families. This included consideration on wider use of technology, such as encouraging patients to voice record their outpatient appointments to enable them to listen back to the discussion and information provided. TB and RaB updated on some more immediate learning that has been acted upon by the renal service, such as the change in access to blood test appointments to ensure this operates more smoothly, and the improvements to staff training within the department to ensure a more consistent level of service is provided. KW referred to discussions during the June People Academy meeting around the challenges in recruiting workforce into the renal department. She was willing to provide any support that would be welcomed in encouraging and attracting people into the department. JL recognised the need for the Trust to better support those patients who can be cared for more effectively when advocates are present for their care. KD echoed this and advised that the visiting guidance is currently being reviewed with the intention of extending the visiting times further. The Trust also has a carers policy and carers passport to support patients who need further care from family members or carers, but KD recognised that whilst this was well embedded for those patients who have a learning disability or	

Osbourne,Sheridan 26/09/2025 11:58:31

DRAFT

No.	Agenda Item	Action
	severe physical disability, they are not as well used for those who appear to be able bodied and have capacity. KD and her team are working to improve this. The Board thanked RaB and TB for the update.	
Bo.7.25.8	**Report from the Chair of the Quality Committee: June & July 2025** JL provided an overview of the report from the Quality Committee meetings held in June and July 2025. There were no matters to alert to the Board, but the Committee was cognisant of the pace at which national directives are happening, and the need for the Trust to be responsive in delivering and reacting to these changes, and to appropriately capture these in quality strategies. The Board received the report and noted the assurance provided. **Adults & Children Safeguarding Annual Reports:** Whilst the report was taken as read, KD highlighted the increase in demand and activity. There would be a need to consider the allocated workforce and ensure there is sufficient workforce to meet the demand requirements. The Board received the reports and noted the assurance provided. **Improvement Strategy update:** The Board received the report and noted the assurance provided. **Patient Experience & Engagement Strategy update:** The Board received the report and noted the assurance provided. **Mental Health, Learning Disabilities and Neurodiversity Strategy update:** Whilst the report was taken as read, KD referred to the demonstrated increase in demand and activity. SJ commented on the number of individuals brought to A&E under section 136 of the Mental Health Act, but then discharged without treatment. Whilst recognising that A&E is a designated place of safety, SJ queried whether the practice of bringing these individuals to A&E is the most appropriate. KD recognised that A&E is not the optimal place to provide the relevant care for these individuals and she is working with Bradford District Care Trust to improve on this. She would bring back a further update to the Board in 3 months time. The Board received the report and noted the assurance provided.	**Chief Nurse Bo250017**
Bo.7.25.9	**CQC Action Plan – quarterly update** KD presented the paper which provided an update on delivery of the Medical Services and Maternity actions in the Trust's CQC Improvement Plan. She stated that the majority of actions are completed or on track, and a small number of actions remain open or overdue mainly due to operational issues, resourcing or further assurance work required to ensure actions are sustained. The Board received the report and noted the assurance provided.	

Osbourne Sheridan 26/09/2025 11:58:31

DRAFT

No.	Agenda Item	Action
Bo.7.25.10	**Maternity and neonatal services update** KD referred to a recent national meeting she had attended with the Secretary of State around maternity and neonatal care and highlighted the key points from this including the need to ensure sincere apologies are provided to affected families, and that these families have the opportunity to meet with senior leaders to share their experience. The 10 trusts included in the national maternity review are not yet confirmed. KD informed that a task and finish group (including affected and bereaved families) will be convened, to be chaired by the Secretary of State, and part of the work of this group will be to identify the remaining trusts to be reviewed and to agree on a Chair for the review. SH introduced the paper and highlighted the following: • There were two completed Maternity and Newborn Safety Investigations (MNSI) reports in May and two in June, sharing learning and recommendations. She recognised that the number of open investigations does look to be reduced but this is representative of the move to the 'Patient Safety Incident Response Framework' (PSIRF). There would be a need to consider how these are appropriately reported to the Board. • The Quality Committee had received a copy of a report prepared by the North East and Yorkshire Maternity Team, following their review of concerns raised relating to safety and quality of maternity services at BTHFT. The report contained four recommendations which have been acknowledged by the service and actions discussed with the Maternity and Neonatal Voices Partnership (MNVP) lead. • On 24 July, senior members of the maternity and neonatal teams attended the Health and Social Care Oversight and Scrutiny Committee (HOSC) at Bradford City Hall. Ahead of the meeting, the Chair of the HOSC was provided with a comprehensive report, a summary of which has been shared with local Members of Parliament, alongside an invitation to visit the unit and hear more about the improvement journey from staff and service users. KD reminded colleagues that the reasoning for attending the HOSC was to reassure the community following the ongoing media interest since the resignation of the former Chair. SA queried how both the Clinical Service Unit (CSU) leadership team and the Board can better listen to staff voices when they raise concerns and how we ensure that this is a continual process rather than a singular listening exercise. SH stated that there were several processes in place (such as a monthly 'ward to Board') to enable staff to raise concerns. SH also referred to the support of the MNVP lead in encouraging and enabling staff to raise concerns, by spending time in the clinical areas to help staff to feel confident in raising concerns to her for her to feedback to the CSU leaders. SH suggested that any opportunity for Board members to visit the maternity unit (such as during weekends) would be well received by staff. KW offered to undertake some listening exercises with the team should this be of interest. RB was proud of the service that is delivered by SH and her team, and the	

Osbourne Sheridan 26/09/2025 11:58:31

DRAFT

No.	Agenda Item	Action
	open culture that has been fostered within the department. She commended the high level of engagement by service leaders in embracing any opportunity to further improve the culture and experience of both staff and patients within the service. The Board received the report and noted the assurance provided.	
Section 4: People		
Bo.7.25.11	**Report from the Chair of the People Academy: June & July 2025** KW provided an overview of the report from the People Academy meetings held in June and July 2025. The Board was alerted to the ongoing concerns around sickness absence rates, with the Academy undertaking a deep dive into this. The Academy was assured by the depth of data and analysis and its helpfulness to targeting actions to address and reduce absence moving forward. SA asked if the Academy had considered any further actions or wellbeing offers to help address certain conditions and illnesses that affect multiple staff members. RB advised that the team are looking into prevention measures such as specialised clinics and coaching sessions to meet the bespoke needs of colleagues. However, there is also a need to enable and support managers in having conversations with their team around their wellbeing and demonstrate influencing behaviours. MP recognised the need to ensure attention is given to ensuring that the 'Thrive' offer is available to all staff, including those individuals who may not have access to the intranet. AS echoed the need to engage and empower all our staff members in order to build strong leaders who can create and develop a strong team. The Board received the report and noted the assurance provided. **Workforce Report:** The Board received the report and noted the assurance provided.	**Chief People and Purpose Officer Bo250018**
Bo.7.25.12	**Nursing & Midwifery Establishment Review** KD presented the paper which focused on outcomes of the requests made in January 2025, outpatient and day case areas and the Clinical Nurse Specialist (CNS) workforce. The paper was taken as read and the recommendations were considered. The Board agreed to the extension of the 7.75 WTE Band 5 posts for the Emergency Department and supported the direction of travel regarding the appointment of a Consultant Midwife dedicated to leading efforts to reduce inequalities. The Board also noted that where there is a change in service delivery, the staffing implications will be presented as part of a business case from the Clinical Service Unit with Chief Nurse oversight of the recommendations related to nurse or midwifery staffing.	
Section 5: Finance and Performance		
Bo.7.25.13	**Report from the Chair of the Finance and Performance Committee:**	

DRAFT
Osbourne.Sheridan 26/09/2025 11:39:31

No.	Agenda Item	Action
	June & July 2025 JL provided an overview of the report from the Finance & Performance Committee meetings held in June & July 2025. She highlighted to colleagues that in July, finance moved from the 'Alert' section of the report into 'Advise' due to positive indicators of reduced spend, but the position would be monitored closely. The Board received the report and noted the assurance provided. **Integrated Dashboard:** The Board received the report and noted the assurance provided. **Finance Report:** The Board received the report and noted the assurance provided. **Performance Report:** The Board received the report and noted the assurance provided.	
Bo.7.25.14	**Green Plan 2025-2028** RD joined the meeting to present the updated Green Plan for 2025-28 which had been produced following a consultative workshop with clinical and non-clinical departments across the Trust and present the associated action plan. KW referred to the ambition to work more collaboratively across place and in with this in mind, queried how the plan aligns with those of partner organisations within the district. RD confirmed that he has liaised with colleagues at both Airedale NHS Foundation Trust and Bradford District Care NHS Foundation Trust to support joint ambitions. DM reflected that whilst work across the West Yorkshire Association of Acute Trusts (WYAAT) is not as well developed, trusts are still supporting each other with innovation and beginning discussions on how they can work more collaboratively. AS recognised the importance of a system wide approach to sustainability, but also a need to ensure that within the organisation teams are working together to deliver on this. MHi echoed this but suggested that partnerships could be considered more widely than just the health and care sector by engaging with university partners and the Local Authority. KD referred to the action plan which included a planned increase of electric volt (EV) chargers on site by 2028, and asked if there was any intention to deliver on this sooner than planned. RD advised that there is an intent to produce a travel survey to capture data around modes of transport to the hospital site which will then help inform a decision on what additional requirements are needed. A bid was submitted for funding of additional EV chargers and this was unfortunately unsuccessful. KD also referred to a potential opportunity to use the grounds of the BRI site to grow fruit and vegetable produce. DM and RD would discuss this further with the Trust gardeners to scope out the possibilities. MP queried the legal and mandatory obligations for the Trust to deliver in terms of the green plan and sustainability, and whether the proposed plan	

Osbourne Sheridan 26/09/2025 11:58:31

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No.	Agenda Item	Action
	supports meeting these requirements. DM advised that the Trust has agreed to net zero by 2040 with an interim step of 80% by 2032. He noted that most of the electric supplies within the Trust sites are now net zero and there is now a need to focus on alternative means of heating and eliminating the use of fossil fuels. DM also highlighted that the age of estate is not factored in as part of these requirements which would be a big challenge for the Trust. RB recognised that there were elements of the action plan that could be allocated to an Executive in order for further support to be given. RD and DM would consider this further. With regards to future reporting to the Board, DM would liaise with LP to agree an appropriate frequency and LP would update the work plan to reflect this. The Board approved the BTHFT Green Plan for 2025-2028, including target dates and objectives set out within the action plan.	**Board Secretary / Director of Estates & Facilities Bo250019**
Bo.7.25.15	**Reference Costs** BR presented the paper regarding the National Cost Collection (NCC), which sought to assure the Board of the 2024/25 submission which was completed and submitted on 4 July 2025. He noted that benchmarking outputs and updated Reference Cost Index scores are expected to be released by NHS England in Autumn 2025 and a further paper will be presented to F&P and the Board once these have been published. The Board received the report for information.	
Section 6: Strategy		
Bo.7.25.16	**Strategy – emerging issues** There were no emerging issues to raise.	
Bo.7.25.17	**Strategic Framework Update** MHi presented the paper which described the updates to the Strategic Framework including: • The cover sheet for all Board and Board Committee papers will now highlight how they support the Strategic Framework. • All Clinical Service Units (CSUs) and Corporate Departments have developed strategies for the five Strategic Objectives and the 10 priority initiatives. • Strategic Objective metrics have been developed to enable the Board and Board Committees to monitor progress towards the five strategic objectives during 2025/26. • Governance and reporting systems have been confirmed for the 10 Priority Initiatives for 2025/26. Regarding the performance 'dials', the Board welcomed this as a useful visual aid but suggested there could be further consideration to the tolerance	**Director of Strategy and Transformation Bo250020**

Osbourne Sheridan 26/09/2025 11:58:31

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No.	Agenda Item	Action
	to the metrics and a reset of the rag rating. MHi would review this and bring back an update to the next Board. The Board noted the update.	
Bo.7.25.18	**Partnerships – strategic view** MHi provided an overview of the paper which sought to update the Board on opportunities and developments in partnership working and describe plans to build more strategic partnerships in the coming months. SJ requested that University of Leeds be included as a key partner in the next report to Board and MHi would action this. The Board noted the update.	**Director of Strategy and Transformation Bo250021**
Section 7: Audit & Assurance		
Bo.7.25.19	**Report from the Chair of the Audit Committee – 19 June 2025** BM highlighted the report from the Audit Committee on 19 June 2025 which was taken as read. The Board received the report and noted the assurance provided.	
Section 8: Governance		
Bo.7.25.20	**Board Assurance Framework and high-level risks** LP presented the paper which provided a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives in the form of the Board Assurance Framework (BAF). The BAF had been reviewed and updated by the Executive leads to reflect the position at the end of Q1 2025/26. There had been no changes in score since the Q4 2024/25 report. At the Finance and Performance Committee, a query was raised in relation to the scoring for risk 7 (delivery of sustainable services) and risk 8 (delivery of Green Plan) which are both scored at 12. It was felt that the risk relating to delivery of services was greater than the risk relating to the delivery of the Green Plan, and it was agreed that the scores would be reviewed for consistency when the BAF is next updated for Q2. The paper also detailed the updates to the high level risk register, and LP advised that since the last report, there has been one additional risk added to the register, one risk has been closed, and five risks have changed in score. KD stated that the risk relating to renal capacity has been reviewed in detail and will be presented at the upcoming ETM on 4 August 2025. KD welcomed any feedback on the updated report. The Board received the report and noted the assurance provided.	

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No.	Agenda Item	Action
Bo.7.25.22	**Committee appointments and NED lead roles** SJ provided an overview of the paper which sought approval of the updates to Committee appointments and the NED lead roles. The Board approved the proposed changes to committee memberships as outlined within the paper. The paper also proposed that KW is appointed as Deputy Chair, from 1 September 2025 until the end of her term of office on 31 December 2026, and BM's appointment as SID is extended to the end of his current term of office (31 January 2027). Both appointments were approved by the Board. The responsibilities of the SID were last approved by the Board in May 2023. The Board approved an amendment to this document to confirm that the Deputy Chair and SID roles will be undertaken by separate individuals.	
Section 9: Board Meeting Outcomes		
Bo.7.25.23	**Any Other Business** **Departing Board Member** The Board thanked JL for her service and valuable contributions to both the Trust and the Board over her term as a NED. She would be greatly missed by her colleagues.	
Bo.7.25.24	**Issues to Refer to Board Committees/Academies or Elsewhere** There were no issues to refer elsewhere.	
Bo.7.25.25	**Review of Meeting** SJ thanked attendees to the Board for their efficient delivery of their agenda items which had contributed to the meeting being delivered on time.	
Bo.7.25.26	**Date and Time of Next Meeting** 25 September 2025 – 9:30am	

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26/09/2025 11:58:31

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 31 July 2025

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo250018	Bo.7.25.11	**Report from the Chair of the People Academy: June & July 2025:** The Thrive offer to be further explored to ensure it reaches all colleagues including those who do not have regular access to intranet and emails.	Chief People and Purpose Officer	September 2025	Verbal update to be provided.
Bo250019	Bo.7.25.14	**Green Plan 2025-2028:** The appropriate reporting frequency for progress against the green action plan to be agreed and the work plan updated as appropriate.	Board Secretary / Director of Estates and Facilities	September 2025	Six monthly updates included on work plan. Action closed
Bo250020	Bo.7.25.17	**Strategic Framework Update:** Further consideration to be given to the tolerance to the metrics and a reset of the rag rating with regards to the visual dials ahead of the next report to Board.	Director of Strategy and Transformation	September 2025	See agenda item Bo.9.25.18. Action closed
Bo250016	Bo.5.25.17	**Strategic Partnering Agreement Refresh 2024/25:** A revised document reflecting the updated changes to be brought back to Board in October 2025.	Director of Strategy and Transformation	October 2025	
Bo250017	Bo.7.25.8	**Report from the Chair of the Quality Committee: June & July 2025: Mental Health, Learning Disabilities and Neurodiversity Strategy update:** An update on the work ongoing with BDCT to reduce section 136 individuals attending at A&E to be provided to the Board in 3 months' time.	Chief Nurse	November 2025	
Bo250021	Bo.7.25.18	**Partnerships – strategic view**: The University of Leeds to be included as a partner in the next update to Board.	Director of Strategy and Transformation	November 2025	
Bo250014	Bo.5.25.10	**Report from the Chair of the People Academy: April & May 2025 – Guardian of Safe Working Hours Annual Report:** Information on the Junior Doctoring gaps and where the fillers are being	Chief Medical Officer	May 2026	

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Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		deployed to be included as part of the next iteration of the report.			

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26/09/2025 11:58:31

Board of Directors				
Meeting Date:	25/09/2025		**Agenda Reference:**	Bo.9.25.5
Report Title:	**Report from the Chair**			
Presented by:	Sarah Jones, Chair			
Executive Lead:	Sarah Jones, Chair			
Author:	Jacqui Maurice, Head of Corporate Governance			
Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	This report provides an update to the Board on key items since my previous report provided in July 2025. The report covers: • Engagement with Partners / Stakeholders • Reference to key updates • Council of Governor updates (including Governor elections) • Update on NED appointments • Induction programme site visits • Key communications			
Recommendation/s: (including any decision/approval required)	The Board of Directors is asked to derive assurance from the report.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	N/A			

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26/09/2025 11:58:31

Report from the Chair

1. Engaging with Partners and Stakeholders

Following their appointments, I have had introductory meetings with the new Chair of Airedale NHS FT, John Lawlor and the new Chair of Leeds Teaching hospitals, Antony Kildare.

To support the ongoing work around collaboration at Place, John and I have agreed to meet on a regular basis, which I very much welcome.

Starting in October, I will be taking on the role of lead Chair for the WYAAT CiC for the next 6 months. As well as the quarterly meetings, I am introducing a mid-period progress update meeting and a programme of rotating the quarterly meetings across the different WYAAT sites so partners can showcase their innovative work practices. This will begin with us hosting the October meeting and showcasing our Command Centre.

2. Key updates

As previously reported, the Governance review conducted by ANHH Consulting, has now concluded and the results will be discussed at the September IQIG and by the Board in a separate development session. It will also be shared with the Governors. In line with the recommendations, there will be additional training provided to the Council of Governors at their October meeting.

Following discussions post the publication of the 10 Year Plan, we shall be arranging a strategic discussion group, involving Board members and Governors, to consider our local population health needs, the views of patients and how we might shape our future strategy. We will be joined by colleagues from the BD&C ICB team. Outcomes will be reported back at a future Board meeting.

Following our July meeting, when we heard the Patient story about a renal patient, I have been to our Skipton Renal Unit to meet the gentleman and his wife and hear more of their experiences. The team at Skipton were enormously welcoming and the patients I met were extremely positive about the care they received.

3. Council of Governors

Feedback to the Council following Board of Directors meetings

I held a session with Governors on 31 July 2025 providing a comprehensive update on items discussed and outcomes from our July Board meeting. I will be sharing feedback from our 25 September Board meeting with Governors on 30 September.

Next meeting of the Council

The Board is asked to note that the previous meeting of the Council took place on 10 July and I reported on this in detail in my previous Chair report to Board.

As a reminder, the next meeting of the Council is scheduled for Thursday 9 October. As is the usual practice, the meeting papers and the confirmed times for the meeting will be published on our website in advance of the meeting.

Governor elections

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26/09/2025 11:58:31

Our election process launched on 9 September with a call for nominations to be submitted by the deadline of 7 October. Where an election is held then voting will open on 29 October and close on 21 November. Following any required checks, it is hoped that colleagues will be in place by the new year.

We are seeking to fill the following eight vacancies:

- Patient (Out of Bradford) (2 seats)
- Bradford West
- Shipley (2 seats)
- Bradford South
- Allied Health Professionals and Scientists (AHP&S)
- 'All other' Staff Groups (Admin & Clerical, Estates & Ancillary and, Additional Clinical Services)

Information has been widely circulated amongst our communities and our staff.

4. Update on new NED appointments

Following the approval received from the Council, I am pleased to advise that Tim Swift has now taken up his new appointment as Non-Executive Director from 1 September 2025. Profile information regarding Tim is available here on our Trust website. I am also very pleased to confirm that our second appointee, again approved by the Council, is Justine Andrew. Justine will take up her new appointment on 1 October 2025. At that time her profile information will be added to our Trust website.

Following discussions with the University of Leeds, we hope to receive their nomination to fill the nominated seat on the Board shortly. In line with our Constitution, the Council will be required to approve the nomination. I will update the Board following the Council meeting on 9 October where this matter will be under consideration.

5. Site tours

A reminder that site tours in support of our Governor induction programme are scheduled for 8 October. These site visits enable our new Governors to understand more about the work of Bradford Institute of Health Research, our Trust's Education Service (including the Simulation Centre) and our estate in terms of site usage and our capital programme. The full programme runs from 10am to 4pm. All Non-Executive Directors are welcome to join our new Governors on these site tours and diary invitations have been circulated. Please decline the invite if you are unable to join so that we can keep a track of attendees.

6. Brilliant Bradford Awards / Equality Diversity and Inclusion Conference

I am pleased to advise that invitations have been extended to all Board members and our governors to join Trust staff at both the Brilliant Bradford Awards on 16 October, where the Trust honours the outstanding achievements of our colleagues, and our first-ever Equality, Diversity and Inclusion conference on 22 October.

7. Key communications

Our Foundation Trust members have continued to be in receipt of 'Mel's monthly roundups' featuring news from across the Trust. The most recent communication for early September is now available online here. Key communications also continue to be shared with governors so that they remain in touch with developments here at our Trust. Governors also continue to have access to Let's Talk (staff newsletter) and global emails containing a range of updates to staff.

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26/09/2025 11:58:31

Board of Directors Open			
Meeting Date:	25 September 2025	**Agenda Reference:**	Bo.6.25.6
Report Title:	Report from the Chief Executive Officer		
Presented by:	Professor Mel Pickup, Chief Executive		
Executive Lead:	Professor Mel Pickup, Chief Executive		
Author:	Executive Directors Katie Shepherd, Corporate Governance Manager		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☒
Summary of Key Issues/Highlights:	The report provides the Board with a summary position with regard to our Patients, People, Place and Partners since the last report to the Board in July 2025.			
Recommendation/s: (including any decision/approval required)	The Board is asked to derive assurance from the content of the report.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			

Implications	
Risk:	N/A
Legal/Regulatory:	N/A
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A

Assurance Route	
Meeting/s where content has been discussed previously:	N/A

Report content

1. Patients

As a Trust we have continued to benchmark positively against the Emergency Care Standard (ECS), with our current position remaining in the upper decile of Acute Trusts in England. In support of further improvements, the EXCEL programme is progressing key areas of work that will improve the experience of patients and staff within the ED setting whilst supporting the Trust to meet the Urgent and Emergency Care UEC priorities set by NHSE. This includes initiatives to reduce to overall bed occupancy and improve the ability to maintain adequate patient flow through the system. The impact of these will be improved patient experience throughout their time with the Trust and reduced frequency of long stays in ED which is a national priority.

Collaborative work with Yorkshire Ambulance Service (YAS) continues and both handover and crew clear times are improving as a result. BTHFT will have adopted the YAS Transfer of Care process at the end of September which requires crews to hand over patients to the Ambulance Assessment Area (AAA) clinician after 45 minutes, after which YAS staff will leave freeing ambulance crews to improve 999 response times and patient experience. Handover processes have been reviewed, and both BTHFT and YAS staff have received refresher training to ensure proper adherence, including accurate logging of handover times. The use of self-handover is now routinely monitored to maximise its impact and positive trends are visible in all supporting metrics.

Significant effort has been placed on planning for winter, with the winter operational plan being presented to ETM, F&P Committee and Board in September 2025. This is an iterative process with the current plan based on attendance and admission modelling. Sustaining improvements in UEC will be challenging during the winter period, particularly with the need to ensure financial balance.

Outpatient Transformation is being coordinated by a Programme of work which utilises the model for improvement at a service and pathway level whilst enabling processes and our digital offer are also modernised. This work aligns with the Trust's Strategic Framework and its aim is to deliver outpatient services where patients can be seen more quickly and can access and interact with services in a way that better suits their lives.

Referral to Treatment (RTT) performance is ahead of plan, which is a positive step towards the national ambition of achieving the 92% standard by 2029. The number of waits over 52 weeks is already better than the national target of 1% of total waits set for 2025/26, although we are seeing some pressure within a number of services and have mobilised additional support to help resolve this. Unfortunately the delay in handover of St Lukes Daycase Unit is impacting on our ability to deliver the planned level of activity. Executive colleagues are working through proposals to mitigate the impact of the delay in the handover.

The Trust continues to benchmark well for cancer performance and is focussed on further pathway improvements, working with system partners on earlier diagnosis and implementing optimal pathways when cancer is suspected. Schemes to be prioritised include NSO development, care closer to home, frailty pathways, PET-CT capacity, and digital optimisation. Civica (Cancer I.T system) go live remains planned from Q3 2025. Benefits include Personalised Stratified Follow Up (PSFU) and digital remote monitoring system (RMS) for patients after cancer treatment, which will reduce unnecessary follow-ups. This will also provide the data needed to better review our services against best practice time pathways and identify areas for further improvement, building on existing pathway improvement and MDT optimisation workstreams.

Diagnostic performance (as reporting in the DM01 return) remains a concern with ongoing challenges in Audiology, Non-Obstetric Ultrasound, Echocardiography and Neurophysiology. Activity increased during August with several of the recovery action plans commencing following approval and procurement exercises. Each modality has a measurable improvement plan in place which is being monitored weekly in support of meeting the national expectations before year end.

Following the launch of the NHS Oversight Framework (NOF) we have now received guidance explaining how provider capability will be assessed. We are now in receipt of the Q1 2025/26 segmentation score from NHS England, our average metric score is 2.00 (lower the score the higher performing in range between 1 and 4) with the organisation being in segment 3. As a result the Trust is ranking in the national league table for acute / acute specialist NHS providers of 37 out of 134. The Trust's scores against each metric are attached at Appendix 1.

Boards have also been asked to undertake a provider self-assessment whereby NHS boards are asked to assess their organisation's capability against a range of expectations across 6 areas derived from The Insightful Provider Board. These areas cover strategy, leadership and planning; quality of care; people and culture; access and delivery of services; productivity and value for money; and financial performance and oversight.

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The end of August saw the release of a draft Planning Framework which brings forward annual timescales, and places greater emphasis on Board involvement in the planning process. We are reviewing our internal processes and governance structures in line with the framework and will look to implement changes to meet the timescales presented. The framework will promote the formulation of a medium-term (5-year) plan that is strategically aligned and underpinned by clear annual priority setting. This work will be triangulated across strategy, finance, performance, workforce, and quality with clear alignment of digital strategy. Quality of care and patient outcomes will remain at the heart of these plans.

These updates link to recent the Board Development session on the theme of strategy, planning and performance oversight. The direction set aligns strongly with the way in which we would look to set clear goals, select relevant KPI and metrics, and monitor our progress with deeper analysis on areas that require focus. Whilst the NOF is undoubtably an important part of the process there will remain objectives and KPI's beyond the NOF that we will need to monitor to meet our statutory obligations and be assessed as a highly capable organisation.

Baroness Valerie Amos maternity and neonatal national investigation

In August 2025 the Government announced that Baroness Valerie Amos had been appointed to lead the independent investigation into NHS maternity and neonatal services to drive urgent improvements to care and safety. The investigation will identify ways to urgently improve care and safety, with Baroness Valerie Amos working closely with bereaved and harmed families. It will also review the maternity and neonatal system, bringing together the findings of past reviews into one clear national set of actions to ensure every woman and baby receives safe, high-quality and compassionate care.

The National Maternity and Neonatal Investigation will develop one set of national recommendations to drive improvements in maternity and neonatal services across England. It was announced on Monday 15 September 2025 that Bradford Teaching Hospitals NHS Foundation Trust is one of 14 trusts nationally that are included in the investigation. We will fully embrace and actively engage in the independent investigation, sharing the good practice from Bradford as well as benefitting from shared learning from other trusts.

The terms of reference for the investigation are available here - National maternity and neonatal investigation: terms of reference - GOV.UK

St Luke's Day Case Unit (SLH DCU) and Endoscopy Unit (BRI)

Unfortunately delays in the final sign off process associated with Ventilation and Water means the handover is now significantly delayed and the building is not yet ready for handover by the contractor. A meeting involving the CEO of Darwin Group to discuss the impact of this delay and the timescales for completion has taken place. In addition we have escalated the delay to NHSE estates colleagues who are helping broker action from the contractor to try and achieve a successful handover. In the meantime, we are using insourced capacity at weekends to mitigate impact on planned operating however this will not fully recover the planned activity.

The Endoscopy Unit build has progressed well and remains on budget. The project will run until late 2025 and support improvements in the provision of these key diagnostic test, reduced waiting times, and the reattainment of JAG accreditation for the Trust.

2. People

Bradford and Craven District – Anti-Racist Charter

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The newly developed task and finish group established to lead the development of the Bradford and Craven Anti-Racism Charter Mark continues to meet on a regular basis to progress this important work. A three-tier accreditation model (Bronze, Silver & Gold) is being designed to provide a structured and measurable framework through which organisations can demonstrate their commitment to becoming anti-

racist. The model will place particular emphasis on embedding anti-racist approaches across governance and leadership, employment practices, organisational culture, and access to services. The formal launch of the charter is January 2026.

South Asian Heritage Month

The Equality and Diversity Unit, in partnership with our staff equality networks celebrated South Asian Heritage Month on the concourse on Thursday 21st August.

This year's theme was 'Roots to Routes', exploring the rich journey of growth, and the evolving connections we make through generations. Wider staff from across the Trust were invited to celebrate the significant input and achievements of our diverse workforce, shining a spotlight and celebrating our South Asian colleagues and their cultures by recognising the valued contributions made. A great turnout was noticed on the concourse with a range of activities taking place, from henna painting to storytelling including a range of south Asian cuisine.

The event was welcomed, it provided an opportunity for wider staff to learn more about our staff equality networks and their role within the Trust, this resulted in colleagues signing up to be members of our diverse staff equality networks.

Leading at A Higher Level

Over 900-line managers have now attended Leading at a Higher Level — our flagship two-day leadership development course designed for managers at all levels across the organisation - both clinical and non-clinical. Each delegate has designed and committed to their own action plan which covers 5 key areas, meaning our people are currently implementing over 4500 individual actions such as;

> 'I will begin holding dynamic conversations with my team, for 30mins once a week';
> 'I am going to design and put in place a induction for when new starters come to the team, to welcome them and help them feel more welcome';
> 'The E's for Excellence tool is what I am going to use to give clearer feedback. I'm also going to ask my team to give me feedback at our next 1-1 using the tool'
> 'I'm committing to be better with praise and recognizing my team for the good things they do, so I am going to send thank you cards and give out the value badges' and
> 'I will introduce a 'star of the month' award'.

Belonging in Action

The Executive Management Team and Board have been taking part in a series of visits to services across all our sites to learn firsthand about the experiences of our colleagues. Over 5 weeks, 29 visits will have taken place. These visits are part of our ongoing efforts to engage with and support colleagues. We want to ensure every teams voice is heard as we prepare for our upcoming Equality, Diversity and Inclusion - Belonging Conference. This also builds on the recent Thrive Conference "Belonging Throughout the Ages" and the "This Is Me" video series, reflecting how our programme continues to evolve.

Brilliant Bradford Awards

We have received a record breaking 354 nominations to the Brilliant Bradford Awards. The Awards evening will be held on Thursday 16 October, following the Long Service Awards.

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Step Forward initiative

Linked to improving access into work at BTHFT, we are working in collaboration with the Volunteer Team to support volunteers into work. We will be providing support on employability including how to complete

applications and preparing for interview as well as exploring how we can promote vacancies to our volunteers.

Wider Participation

We are improving the promotion of routes into employment at BTHFT by engaging with the local community at careers events. Most recently, we have been visible at the Broadway Shopping centre, Job Centre Plus and we are attending a number of school careers events.

Recruitment Time to Hire

Time to hire continues to improve. As an example, the August resident doctor rotation was a huge success with the team achieving 100% of screening and ready to start on day one checks for 235 resident doctors. This is the first time in over 20 years that 100% has been achieved and this is more impressive by the fact that this is a relatively new team.

3. Place

National context and policy development

Launch of NHS 10 Year Plan – fit for the future

The government's 10-Year Health Plan has been published setting out a long-term vision for transforming health and care in England. Central to the plan are three major system shifts: from sickness to prevention, from hospital to community, and from analogue to digital. These shifts are intended to reorient the NHS around long-term population health improvement, greater use of technology, and care that is more integrated, proactive, and locally delivered.
The plan reinforces the role of Integrated Care Boards (ICBs) as strategic commissioners, with responsibility for ensuring that public resources are used to improve outcomes and experience for patients and communities. It places a strong emphasis on reducing health inequalities, strengthening neighbourhood teams, and embedding prevention throughout the health and care system. ICBs will be expected to lead long-term planning aligned to these shifts and to work closely with providers, local authorities and voluntary and community partners to ensure delivery reflects both national priorities and local context.
In West Yorkshire, the 10-Year Plan is being used as a key framework to shape future service models and commissioning functions. More than 78,000 people across West Yorkshire contributed to the development of the plan between November 2024 and May 2025, sharing their experiences, insights and aspirations for the future of care. This included both online and in-person engagement with local residents, staff and partners – including through a series of deliberative events held across Bradford District and Craven. A dedicated webpage has been set up as a dedicated hub to all of the insights, views, and good practice examples collected across West Yorkshire so far from the 10 Year Plan, with more analysis still to come, to support teams and partners get a head start on developing their response to the plan when it is published What we've found out :: West Yorkshire Health & Care Partnership

Closure of Healthwatch

In late June 2025, the government confirmed that Healthwatch England and all local Healthwatch organisations are slated for abolition under the recently published 10-Year Health Plan. Although full details are not confirmed, it is anticipated that their patient representation and feedback functions would be transferred to ICBs and/or local authorities.
Formal timelines are awaited pending legislation likely in late 2026, local Healthwatch have stated they will continue operations under existing statutory duties until any repeal of the 2012 Act.

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NHS England & DHSC structures

Department of Health and Social Care (DHSC) and NHS England (NHSE) are moving towards a single merged structure, with a new national executive team announced in June 2025 and high-level organisational structure published. This includes 13 director generals, five national priority programme leads, and seven regional directors, some of whom will report jointly to both the DHSC Permanent Secretary and the NHS Chief Executive. This structural integration is expected to further align national priorities with local implementation.

Impact of industrial action

Nationally, the recent industrial action by resident doctors caused widespread disruption to NHS services, with thousands of appointments and procedures rescheduled. NHS England reported that, despite the challenges, more appointments were protected compared with previous strikes through strengthened contingency planning and coordination across hospitals and community services.

Bradford District and Craven partners worked together across the system to coordinate contingency plans, redeploy staff, and maintain safe services wherever possible. Thanks to the hard work and flexibility of teams in all parts of the system, the impact on patients was kept to a minimum, though the action inevitably added pressure to already stretched services.

National review into tackling LGBT+ health inequalities

NHS England has launched its first national review into tackling LGBT+ health inequalities, aiming to identify and address the barriers that LGBT+ people face in accessing high-quality care. The review will gather evidence from patients, staff, and community organisations to shape recommendations for improving services and reducing disparities in health outcomes. This work connects to findings our local *Listen In* report on LGBTQ+ communities, which highlighted themes and priorities at a Bradford District and Craven level.

West Yorkshire Health and Care Partnership activity

Acting Chair – NHS West Yorkshire ICB

On 1 June 2025, Prof. Nadira Mirza was appointed as Acting Chair of the NHS West Yorkshire Integrated Care Board for six months. Previously non-executive member for Citizens and Future Generations, Prof. Mirza brings over 25 years of leadership experience in health and education, reinforcing the ICB's focus on equity and inclusion during the search for a permanent chair—paused amid broader system restructuring. Appointment of Acting Chair, NHS West Yorkshire Integrated Care Board :: West Yorkshire Health & Care Partnership

ICB running cost reductions and organisational change

As part of the government's restructuring of the NHS landscape, NHS West Yorkshire ICB continues to progress the actions required to meet national expectations around cost reduction and structural reform. Following the submission of West Yorkshire's proposed structure on 30 May 2025, the ICB is still awaiting formal feedback from NHS England. In the meantime, engagement with partners and system leaders has taken place throughout July and August to explore what the new ICB model should look like.

NHSE model region blueprint is not expected until the end of August 2025 and will be shared in a future update once published. This document will be important in testing whether the assumptions made about the ICB's future functions are consistent with plans for the future role of regions, and whether staff will transfer directly into NHS England in areas such as provider oversight, digital and workforce. It will also have implications for providers, particularly in relation to operational workforce, operational digital and provider oversight arrangements.

Osbourne Stephen
26/09/2025 15:08:31

Following the formal submissions of every ICB plan on 30 May 2025, further detail was requested and submitted by all ICBs earlier this summer. NHSE is now working through these submissions, and feedback is expected after the NHSE model region blueprint is published.

There is no expectation of national resources to fund a voluntary redundancy scheme in 2025/26, and the mechanisms for funding compulsory redundancy have yet to be clarified. A clear position on redundancies will be needed before a launch date for staff consultation can be confirmed. No expressions of interest process will run at this time.

Clarity is also awaited from NHSE on the national process for the recruitment of ICB Chairs.

At its August meeting, the Transition Committee discussed these issues and agreed to write to NHSE confirming that consultation with staff cannot launch on 3 September as planned due to the number of unknowns. At this stage, there is no agreed amended launch date.

<u>Bradford District & Craven Partnership progress and issues to note</u>

GP IT systems outage

On 28 July 2025, a business continuity incident was initiated due to an outage which caused significant disruption to GP clinical and business systems across Bradford District and Craven. The outage lasted for several days, limiting access to patient records, appointment scheduling, and other essential functions. During this period, system partners came together to coordinate the response, identify and implement appropriate workarounds, and ensure that urgent referrals and other critical processes could still be managed. GP practices used business continuity measures to maintain urgent care, but some routine services were delayed. As part of the agreed approach to enable technical teams to focus on the fix, Enhanced Access provision was cancelled over the weekend of 2/3 August.

Following intensive work to identify the root cause, implement and test solutions, most systems were back online on Monday 4 August. While this marked the end of the immediate disruption, some practices continue to work through the resulting backlog. Next steps include a system-wide review to identify learning, strengthen contingency plans, and address the underlying issues to reduce the risk of recurrence.

Leadership update

Helen Farmer has left her role as Director of System Transformation within the ICB to take up a new joint position as Director of Collaboration at Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust. We thank Helen for her leadership and contribution to system working and wish her well in her new role.

Bradford District and Craven Health, Care and Wellbeing Strategy

Our Health, Care and Wellbeing Strategy for Bradford District and Craven sets a clear direction for our shared priorities at place. It outlines the intended impact of the integrator function within the context of system transformation and partnership working.

The strategy draws on strong population health intelligence from our Business Intelligence and Reducing Inequalities teams, incorporates insight gathered through the Listen in engagement programme, and is informed by the wider context of financial and estates challenges. It represents a collaborative effort across partners and sectors.

The draft has been presented to a number of governance forums, including the Bradford Wellbeing Board, the West Yorkshire Integrated Care Board, and local NHS Trust Boards. The final document will be shared more widely following formal approval at the Bradford District and Craven Partnership Board in September 2025.

Neighbourhood health programme application

In early July, DHSC and NHSE launched the National Neighbourhood Health Implementation Programme (NNHIP), a 12-month initiative to accelerate the roll-out of neighbourhood health services across communities in England. Bradford District and Craven, alongside Leeds and Wakefield, has submitted an application to join the first wave.

The programme takes a 'test, learn and grow' approach, with an initial focus on adults living with multiple long-term conditions and co-morbidities, and includes:

- wrapping single, named multi-disciplinary teams around communities, people and households
- activating resourcefulness of individuals and making better use of technology
- empowering community-led and owned initiatives
- supporting a systematic approach through governance, financial flows and IT.

NHSE has indicated that applicants will be notified of the outcome in early September. Our application is closely aligned with the ambitions of the Bradford District and Craven health, care and wellbeing strategy, particularly in tackling health inequalities and strengthening neighbourhood working.

Establishment of Strategy Delivery Boards

As part of ongoing efforts to align system resources with our core priorities, three new **Strategy Delivery Boards (SDBs)** are being established. These will provide structured oversight and coordination for the following areas:

- Integrated acute care
- Integrated neighbourhood health
- Integrated corporate support and closing the gap

Over the coming weeks, each board will develop its scope and terms of reference. This work will help to clarify how we are deploying our limited capacity to focus on priority areas, while also enabling other partners across the system to lead in areas where they are best placed to do so.
These boards will operate within the wider governance landscape and are not intended to replace existing statutory or operational groups. Functions such as the SEND governance arrangements and the Urgent and Emergency Care Board will continue as required, alongside other task-specific and time-limited groups established to support programme delivery.

Lung health checks

Lung health checks, part of the lung cancer screening programme, are being rolled out to eligible people in parts of Bradford District and Craven to help detect lung cancer sooner through the NHS mobile CT scanning service. In May and June 2025, the partnership hosted two lung health events with giant lungs alongside Roy Castle Lung Cancer Foundation and continues to run geo-targeted Meta advertising - resulting in fully booked lung health check appointments in the last three locations. Inflatable lungs touring Bradford District to promote lung cancer screening - Bradford District and Craven Health and Care Partnership

New Chair announced for Airedale

On 1 August 2025, Airedale NHS Foundation Trust welcomed John Lawlor OBE as its new Chair. John brings extensive NHS leadership experience, including previous roles as Chief Executive of Harrogate and District NHS Foundation Trust and of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. The Trust highlighted John's deep knowledge of the West Yorkshire system and commitment to working with staff, patients, and partners to deliver high-quality, compassionate care for the communities Airedale serves.

John succeeds Andrew Gold, whose term as Chair concluded in September 2024, and Dr Andy Withers who provided interim leadership in his role as Deputy Chair - we'd like to take this opportunity to thank Andy for his leadership and input to the Partnership Board during this time.

New antenatal maternity clinic in Bradford

Bradford Royal Infirmary has opened a newly created antenatal maternity clinic designed to improve care for pregnant women and families. The clinic brings together a range of services in one location, enabling easier access to specialist care, reducing waiting times, and providing a more comfortable and welcoming environment. It forms part of the hospital's ongoing investment in maternity services, ensuring personalised, high-quality care for expectant parents across Bradford.

HSJ award short list announced

We are delighted to see Bradford District and Craven teams and projects shortlisted in this year's HSJ Awards. Congratulations and good luck to all those shortlisted:

- **Digitising Primary Care Award**: Bradford District Care NHS Foundation Trust and Bradford District & Craven Health and Care Partnership – improving the patient experience in talking therapies with clinical AI
- **HSJ Partnership of the Year**: DrDoctor and Bradford Teaching Hospitals – rheumatology nurse advice line
- **Staff Wellbeing Award**: Bradford Teaching Hospitals NHS Foundation Trust – outstanding theatre service

4. Partners

WYAAT Programme Executive Meeting, 5th August and 2nd September 2025

I attended the WYAAT Programme Executive meeting on 5th August, at which we heard updates from Trusts, discussed leadership roles, and reviewed our shared reporting. We also received an update on WYAAT organisational change process, and the usual collaborative report. At the meeting we spent some time discussing the plan for the upcoming visit to WYAAT by Daniel Elkeles, Chief Executive of NHS Providers, which was scheduled to take place on 2nd September.

As mentioned above, Daniel Elkeles joined the meeting on 2nd September to provide an update on NHS Providers. We also received the collaborative report including a detailed update on the Future Imaging Platforms procurement, discussed the impact of ICB changes including the impact this would have on the WYAAT organisational change process, and the transfer of the cancer alliance function. We received an update on the Case for Change, particularly around the communications and implementation, and discussed the engagement of York and Scarborough NHS FT in WYAAT.

5. National Reports

Actions to tackle sexual misconduct in the NHS

The sexual safety assurance charter framework has been completed and reviewed at the Executive management team. A working group has been in place for the last 12 months and this has enabled progress to be made against the standards. The portfolio currently sits with the Chief Nurse, it was agreed that given the focus on our people and the policies and the procedures that support the charter that the framework will be reviewed at People Academy going forwards to provide assurance to the Board.

To see the letter and framework, visit: https://www.england.nhs.uk/long-read/actions-to-tackle-sexual-misconduct-in-the-nhs/

Flu Vaccination Campaign

Flu vaccination is one of the best tools we have to protect the health of our patients and staff, easing winter pressures and reducing the risk of avoidable disruption to our services. The staff flu vaccination campaign is a national priority and needs leadership from the top. All trusts should aim to improve uptake by at least 5 percentage points compared to last year's position.

Alongside staff vaccination, trusts also have a role in making sure all eligible patients are vaccinated. This includes long-stay patients, patients due to be discharged into care settings and 'making every contact count' by taking advantage of opportunities to vaccinate patients who may not otherwise attend routine vaccination clinics.

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To see the letter, visit: https://www.england.nhs.uk/long-read/for-urgent-action-campaign-to-vaccinate-all-frontline-healthcare-staff/

Sir Jim Mackey letter re: Building on our progress in the second half of 2025/26

Sir Jim Mackey wrote to Provider and ICB CEOs on Thursday 18th September to provide clarity on the expectations of all providers and every system in key areas of finance and performance, and in relation to laying the foundations for longer term reform and delivery of the 10 Year Health Plan. The letter is included at Appendix 2.

Osbourne Sheridan
26/09/2025 11:58:31

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST (RAE)

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST (RAE)				
	Raw measure	**Score derived**	**Score**	
DOMAIN SCORE - Access to Services				
Proportion of incomplete patient pathways waiting over 52 weeks	0.58%	1.00	1.00	
Proportion of incomplete patient pathways waiting less than 18 weeks (Gap to plan)	2.38%	1.00	1.00	
Proportion of incomplete patient pathways waiting less than 18 weeks (scored absolute performance)	66.72%	1.65	1.65	
Percentage of community services waiting list waiting over 52 weeks	0.05%	1.85	1.85	
Proportion of urgent referrals to receive a definitive diagnosis within 4 weeks	82.55%	1.00	1.00	
Proportion of patients treated for cancer within 62 days of referral	72.25%	2.40	2.40	
% of patients managed in under 4 hours in ED	82.80%	1.00	1.00	
% of patients spending over 12 hours in ED	5.30%	1.93	1.93	
DOMAIN SCORE - Access to Services				**1.48**
National CQC inpatient survey overall experience rating	As expected	2.00	2.00	
Summary Hospital Mortality Indicator	As expected	2.00	2.00	
Urgent Community Response % achieving 2hr standard	97.41%	1.05	1.05	
Average number of days between discharge ready date and actual date of discharge	0.7	2.34	2.34	
DOMAIN SCORE - Effectiveness and Experience				**1.85**
NHS Staff Survey raising concerns sub-score (PRV)	6.45	2.42	2.42	
HCAI measure 1: 12 month rolling count of MRSA cases	4	3.01	0.99	
HCAI measure 2: 12 month rolling count of C.Difficile cases as a proportion of trust threshold	137.50%	3.50	1.15	
HCAI measure 3: 12 month rolling count of e.coli cases as a proportion of trust threshold	128.57%	3.35	1.11	
DOMAIN SCORE - Patient Safety				**2.85**
Sickness absence rate	6.48%	3.60	3.60	
NHS Staff Survey engagement sub-score (PRV)	6.94	2.13	2.13	
DOMAIN SCORE - People and Workforce				**2.87**
Planned surplus / deficit as a proportion of turnover	-3.5%	4.00		
YTD surplus / deficit	0.3%	1.00		
Aggregated finance score			2.00	
Implied rate of productivity compared with baseline	0.2%	3.30	3.30	
DOMAIN SCORE - Productivity & value for money				**2.65**
OVERALL AVERAGE SCORE		45.53	35.93	2.00
		FINAL SEGMENTATION		**3**

Breanne Sheridan
06/09/2021 12:58:31

NHS England

To: ICB and NHS trust/foundation trust:
- chief executive officers
- chairs

cc. NHS England regional directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 September 2025

Dear colleagues,

Building on our progress in the second half of 2025/26

When we met on 16 September, I committed to writing out to summarise the key priorities that we discussed for the rest of this year.

Firstly, to reiterate my thanks to each of you and your teams for the tireless efforts to drive improvement and reform across the NHS on so many fronts, and at the same time as having to manage significant change. This is an unprecedented time, both in terms of the depth of the challenges we face and the scale of the actions that we need to take to address them.

As I outlined when we met, progress since April has been astonishing. To move from a predicted end year deficit of £6 billion to the system position being in balance in final plans and at Month 5, whilst at the same time, continuing to improve waiting times in electives, cancer and for emergency care, has required a herculean effort for which I am hugely grateful.

As we look to the rest of this year, the pace, ambition, and determination which you have demonstrated in the first half of the year must continue. This letter seeks to provide clarity on the expectations of all providers and every system in key areas of finance and performance, and in relation to laying the foundations for longer term reform and delivery of the 10 Year Health Plan. It explains how we will work within our new operating model to support and challenge you to deliver, guided by the new Oversight Framework.

Maintaining financial discipline

Thank you for your continued professionalism and grip, which has been instrumental in ensuring the NHS is broadly on financial plan at Month 5. We recognise that many plans are backloaded and so a continued focus is essential to maintain delivery momentum through the second half of the year.

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26/09/2025 11:58:31

The half-year mark is a critical point. Boards must have a clear view of actual spend, run rate, and the underlying drivers of financial performance. Where run rates are off-plan, now

Publication reference: PRN02187

is the time to act decisively and take the decisions that will enable you to manage risk and implement credible recovery trajectories.

From close working with the CEO and CFO communities, we understand that organisations falling behind are typically struggling to deliver planned efficiencies or manage unplanned workforce costs – these remain key pressure points that need decisive executive action and board support.

The mid year review process outlined below will test assumptions in plans and seek assurance that steps are being taken to maintain financial discipline to the end of the financial year.

Delivering our priorities

Following a strong start to the year, elective and UEC performance has drifted a little over the summer, and we need to take urgent action to ensure delivery returns to plan by the end of Q3. While industrial action has made a significant contribution, it is not the only factor in this drift, which insight and analysis from providers and systems shows is also being driven by higher than expected demand, financial pressures, and challenges on rates of pay.

On electives, trusts that are significantly off plan on activity, RTT and long-waits standards will be required to submit revised trajectories for return to plan by December. While maintaining their focus on 18 weeks performance and managing the size of the list, all providers are expected to eliminate their remaining 65 week waits by mid-December and meet the planning guidance requirements for 52 week waits by the end of March 2026. ICBs will be required to ensure there are plans in place to address demand growth above that assumed in activity plans, and also ensure that Advice and Guidance is optimised across their system. At a regional level, control totals will be set for waiting list size and long waits, and the leadership across the region collectively held to account for delivery of activity plans.

On UEC, we need to improve our position on 4 hours, 12 hours, and ambulance handovers ahead of winter. As part of the winter planning Board Assurance Statement (BAS) process, you will already be confirming that existing trajectories are deliverable in conjunction with winter surge. However, for those trusts consistently off-track, the key actions that sit behind the BAS will need to be submitted to NHS England and they will be tested through the mid year review process to ensure there are realistic plans in place to return to trajectory. Where aspects of the plan are reliant on community and mental health providers, we know you will be working together on your collective system response. As discussed in Tuesday’s event, we all need to step up our focus on 4 hours again, and make some significant shifts in this so that we can start to impact on crowding in our EDs. This will be followed by a separate communication on next steps.

Continuing our focus on access to primary care is an important part of managing system pressures. Patients need to be able to contact their GP practice by phone, online or by walking in, and for people to have an equitable experience across these access modes. As part of dealing with the 8am scramble, from 1 October 2025 practices will be required to keep their online consultation tool open for the duration of core hours for non-urgent

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appointment requests, medication queries and admin requests. ICBs should ensure practices are following these requirements.

In addition, ICBs should also continue to support community pharmacy to meet the thresholds of performance for Pharmacy First.

On dentistry, the Government's manifesto commitment is that the NHS will deliver an extra 700,000 urgent dental care appointments. ICBs should urgently ensure that all necessary capacity is commissioned to meet their share of this commitment, that local pathways are in place to effectively match capacity with demand (for example, through 111), and that contractors are delivering on their obligations.

On these key primary care priorities, NHS England will be following up with systems in the coming weeks.

Mid year review process

Led by regions, and underpinned by the Oversight Framework, NHS England will be carrying out mid-year reviews with ICBs and providers over the next 6 weeks. For a small number of systems and providers, I will personally carry out their mid year review.

These discussions will focus on where you are on our key priorities, where there might be risks that need mitigation and opportunities that could be expedited. They will focus on the range of priorities that we all share including finance, quality and performance.

You should prepare for this scrutiny, ensuring that, at organisation and system level, you are ready to articulate a clear and credible financial position for the remainder of this year which delivers operational standards.

Positively, all but one system has confirmed their expectation that they can deliver the operational performance targets set for this year within their financial envelopes, and so, through mid year reviews, we look forward to exploring assumptions.

Resilience during winter

You have been working hard to prepare for this coming winter during the summer months and testing your plans during a series of regional exercises held over the last 2 weeks. We would like to thank you for the time and consideration that you have put into this preparation.

We now have data from the UK Health Security Agency suggesting this winter we may experience circumstances similar to the moderate to severe scenario that we tested in the winter planning exercise. This means that fine tuning our plans and completing preparation is critical.

Over the next 2 weeks, plans must be tightened up and any gaps exposed during the exercise need to be closed, with Board Assurance Statement completed and returned by the end of September.

Osbourne, Sheridan
26/09/2025 11:58:31

Working with the COO and EPRR communities, key areas of learning for providers and systems that we have identified include:

- the need for robust plans to maximise vaccination rates across all cohorts, including health and social care workers, and achieve our collective aim of improving frontline staff uptake by at least 5 percentage points
- having a paediatric specific plan for when respiratory viruses cause a surge in demand for primary care, 111 and A&E
- ensuring primary care access is maintained over the Christmas period
- engaging with local authorities and social care providers so that discharge capacity surges at times of peak demand
- having senior clinical decision-maker enhanced rotas in place ready to be activated.
- targeted occupancy reductions in the run-in to the Christmas period
- stepping up personal visibility and leadership, including from CEOs, CMOs, and CNOs, to help lead and support our people through a challenging winter

As we move into delivery of our winter plans, we are asking that a special focus is placed on reducing bed occupancy to below 80% ahead of the Christmas period to give ourselves the best chance of managing the early weeks of January.

During periods of pressure, OPEL escalation level action cards should be consistently applied, and critical incidents only used for short periods to get ahead of further escalation.

To support providers and commissioners, and ensure join up across the system, NHS England will commence its own national and regional operational coordination response 7 days a week from 27 October. This will use data and intelligence to maintain an overview of ambulance response times, OPEL levels, and long waiting times, moving to support when systems are not able to decompress in a timely way.

We know that this will be a challenging period, but we also know that personal leadership – in particular from chief executives, medical and nurse directors, as well as the senior operational team – makes a significant impact on flow, safety and performance. We ask that you make this a priority throughout winter, but particularly during the Christmas, new year and early January period.

Leadership and our people

We discussed on Tuesday the need for us all to step up and lead our people through this challenging period. We have specific actions in place regarding the implementation of the 10 Point Plan for Resident Doctors between now and the end of the year, but we need to redouble our efforts to be mindful of the experience of all staff, especially during periods of high demand and pressure. The best performing organisations make this an organisation wide priority and I would like us to make this more of a central focus for all of us, sitting alongside the focus on patient experience set out in Penny Dash's work and the 10 Year Health Plan.

Response to Sheridan 26/07/2025 11:58:41

More will follow on this but, in the meantime, please ensure that this is a central focus for your board and broader leadership team. We all know the impact that regularly walking the

floor and spending time in A&Es and other pressured areas of your organisation has on staff morale, and your ability to understand and manage services.

Looking ahead to 2026/27

As you continue to implement your plans for 2025/26, closing gaps where you have fallen behind, you also need to be shaping your strategy for the following years and how we bring the intent of the 10 Year Health Plan to life.

We shared the foundational elements of the Planning Framework over the summer, and further elements will be published in the coming weeks. Ahead of that, now is the time to begin to prepare for next year and beyond.

In particular, we encourage you to plan for the crucial local service transformations that are needed to improve outcomes and deliver your longer term plans, informed by the demand and capacity analysis that you have been doing over the summer.

Technology and digital solutions are going to be vital for longer term transformation and unlocking our productivity. Cutting back on investments in these areas to help with short term challenges will undermine longer term sustainability and improvement.

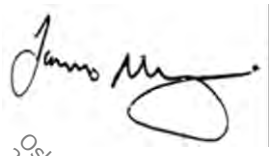
On workforce transformation, we are working with you to build the 10 year workforce plan that will enable the delivery of the 10 Year Health Plan. That will be ready in the coming months and will help us all to plan for the longer term.

Finally, and as discussed on Tuesday, you have responded so well to the challenges we faced together in the spring and you should take pride and hope from that. We all know that there is still a lot to do, and we must ensure that we can deliver our short term operational and financial imperatives while also building for the future. The spirit and energy in the room on Tuesday was very powerful, and I know from many conversations over recent weeks that you really want to engage and shape this all locally with your teams and partners.

Thanks for all you have done so far. Let’s all continue to pull together to deliver what we have discussed and set out in this letter, and in the way we have worked together over these past months.

Keep going….

Yours sincerely



Osborne
26/11/2025 Verified
08:31

Sir James Mackey
Chief Executive Officer
NHS England

Bradford Teaching Hospitals
NHS Foundation Trust

Getting to know the CSU:

Pharmacy

Board of Directors meeting
Thursday 25 September 2025

Osbourne,Sheridan
26/09/2025 11:58:21

Medicines Optimisation

Bradford Teaching Hospitals NHS Foundation Trust

- Bushra, age 72, chest pain, admitted for investigations
- History of high blood pressure
  - Amlodipine 5mg each morning
  - Ramipril 5mg twice daily
  - Bendroflumethiazide 2.5mg each morning
- Whilst in hospital, has a fall, injured, bleeding

Medicines optimisation:

- Medicines reconciliation on admission
- Deprescribing
- Counselling on medicines use
- Discharge Medicines Service referral

Pharmacy structure and functions

Bradford Teaching Hospitals NHS Foundation Trust

Clinical pharmacy	Medicines information	Radiopharmacy	Safe and secure handling of medicines	Formulary management	Safe and secure handling of medicines
Dispensing	Homecare services	Collaboration and partnership working	Aseptic services	Contract management	Regulatory compliance
Medication safety	Training	Prescribing	Store and distribution	Regulatory compliance	E-Prescribing and Medicines Administration
Patient Group Directions	Quality Control	Quality Assurance	Medicines procurement	Leadership and management	Governance
Anticoagulation Clinic	Cost improvement	High cost drugs management	Antimicrobial stewardship	Research	.....

Shaun O'Sheridan 26/08/2025 11:58:31

Key numbers

Bradford Teaching Hospitals NHS Foundation Trust

Workforce (headcount 156)	FTE
A&C	3.47
Pharmacists	36.61
Pharmacy Technicians	43.95
Trainee Pharmacists	4.00
Trainee Pharmacy Technicians	6.00
Healthcare Scientists	2.61
Pharmacy Assistants	35.33
Trainee Clinical Scientists	4.00
Total	**135.97**

Year	No. of homecare patients	No. of homecare lines	No. of homecare transactions	Total homecare drug spend	Trust drug spend (from Annual Report)	Homecare drug spend as a proportion of total drug spend
2018/19	2,537	184	17,460	£10,106,714	£39,549,000	25.60%
2019/20	2,840	186	19,626	£8,863,198	£40,703,000	21.78%
2020/21	3,041	209	20,388	£9,912,715	£37,646,000	26.33%
2021/22	3,355	228	21,382	£10,232,756	£43,131,000	23.72%
2022/23	3,819	227	23,883	£12,167,365	£47,710,000	25.50%
2023/24	4,356	251	28,118	£15,872,748	£53,763,000	29.52%
2024/25	4,749	274	33,562	£19,384,685	£59,527,000	32.56%

CSU	Total CTG Target 25/26	Value of Full Year Scheme	% identified	Still to be identified	Risk Adjusted Value of Total Forecast	Risk rated % identified	Still to be identified to reduce risk
Medicines Management	381,223	2,580,536	677%		1,399,351	367%	1,018,128
Grand Total	38,300,001	39,121,724	102%	4,152,898	25,029,986	65%	13,270,014

Dispensing	Items (09/24-08/25)
Main dispensary	222,873
Aseptic Unit	55,927
Stores	238,125
Rowlands BRI	70,619
Rowlands SLH	84,799

Osborne Sheridan 26/09/2025 11:58:31

KPI	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Staff in post (%age of funded)	84.84%	86.06%	86.96%	86.32%	85.93%
Black, Asian, Minority Ethnic as % of Workforce	57.58%	56.95%	57.42%	56.60%	58.11%
Agency as % of Workforce	3.72%	3.12%	2.59%	3.80%	2.49%
Bank as % of Workforce	1.60%	2.20%	1.22%	1.72%	1.75%
Agency+Bank as % of Workforce	5.32%	5.32%	3.81%	5.52%	4.24%

Our Story

Bradford Teaching Hospitals NHS Foundation Trust

- Workforce is improving with reduction in sickness absence, recruitment to substantive posts and formal management of colleagues where necessary
- Mandatory training, appraisal rates, turnover rates are all good compared to Trust targets and averages
- Big ticket items like outpatient Pharmacy, Aseptic Unit issues, Pharmacy estate are gaining some traction
- Working with partners more widely on cancer (NSO), ABCAS and WYAAT Aseptics Hub
- Supporting regulatory inspection and findings arising, e.g. temperature monitoring in rooms where medicines are stored

Osbourne Jayden
26/09/2019 12:58:1

Pharmacy Cheer

Bradford Teaching Hospitals NHS Foundation Trust

- Achievements:
  - Induction process for new starters is becoming embedded and working well
  - Dispensing error rate has reduced and is on average around national average
  - Strongly supporting Trust efficiency programme and cost-effective medicines use
  - Sickness absence rates are reducing with more of our long term sickness absentees returning with supportive plans in place
  - Retention and turnover rates better than national average for hospital Pharmacy and Trust average
  - Cheer, Applause, Greatix or other achievements shared and celebrated at monthly Pharmacy Team Brief sessions

Osbourne, Sheridan
26/09/2025 11:38:31

Key Concerns

Bradford Teaching Hospitals NHS Foundation Trust

- Risks
  - Workforce (recruitment, retention and numbers in establishment)
  - Capacity and Demand
  - Facilities/ Estate
- Aseptics services – contingency arrangements
- OPD re-tender

Orlaith Sheridan
26/09/2025 11:58:31

Other business

Bradford Teaching Hospitals NHS Foundation Trust

Pharmacy Plans

- A Pharmacy Strategy is being developed over the medium term, building on the great work of the OPS programme and going further
- A Pharmacy Workforce Plan will need to be developed with a request for more funding to support Pharmacy staff to deliver greater benefits
- A trustwide Medicines Optimisation Strategy is being developed in conjunction with others in the Trust who have medicines governance responsibilities
- Pharmacy working hours need to be reinforced so that we are able to describe clearly what we do, when we do it and how to access our services, particularly out of hours; this includes consideration for cut-offs in order to get the work done in a timely manner

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Other streams of work:

Bradford Teaching Hospitals NHS Foundation Trust

- CQC preparedness and response
- Amos Maternity Review preparedness
- Strategic objectives alignment
- Sustainability/ Green plan
- ICB redesign for medicines optimisation
- ABCAS opportunities
- Research and Improvement
- Digital Pharmacy and medicines
- Closed Loop Medicines Administration

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Any questions?
Any comments?

Osman Chohan, Director of Pharmacy (Chief Pharmacist)
osman.chohan@bthft.nhs.uk

Erin Payne, Pharmacy Business, Service and Performance Manager (Chief Pharmacy Technician)
erin.payne@bthft.nhs.uk

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26/09/2025 11:58:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.8a

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: People Academy
Date of meeting: 10 September 2025

Key escalation and discussion points from the meeting

Alert:

Dashboard – absence continues to be high at 6.27% and the focus on reducing sickness continues.The sickness policy is under review with new manager training being implemented and the action plan is being refreshed. Turnover is stable at 9.5%. The appraisal data hasn't refreshed but at 76.59% for the previous month, appraisal completion rate is another focus area with dynamic conversations launching to address the quality and quantity of conversations. The time to hire has reduced slightly and positive feedback on the recruitment pricess has been received.

Healthcare Worker Flu Vaccination Plan – the annual vaccination campaign starts on 6th October, for the flu vaccine only this time, and the Academy reviewed the plan. Last year's uptake by front line staff was at 33.8% which has been on a downward trend over the last 4 years with hesitancy, vaccine fatigue, conspiracies and myths creating a blocker. The campaign will be offered by Rimmingtons, will run for 11 weeks and will be visible across all sites. Areas with the lowest uptake will be visited by the vaccine team and demographics will be targeted appropriately. The messages will be centred around winter wellbeing, and there will be promotional material across the Trust. Clinicians will conduct Q&A sessions to bust the myths. Regular updates on uptake will be provided.

Advise:

Guardian of Safe Working Hours – the Chief Medical Officer shared the results of the 37 Q4/25 exception reports, of which 34 related to hours and work patterns. Two referred to education and one to support. The highest number of reports came from Foundation trainees in General Surgery, where the most additional hours were worked, due to the unit being busy and the less structured nature of general surgery. Six of the 37 reports flagged a safety concern. Actions to address these issues are focused on improving the lives of Resident Doctors such as removing tasks that don't need a Doctor, reviewing work schedules and addressing rota gaps.

GMC Survey feedback – the survey results are good with some areas for improvement, with BTHFT mid quartile on all 18 dimensions. Anaesthetics, ED, Intensive Care Medicine and Paediatrics received excellent feedback with improvements seen across Ophthalmology and Plastic Surgery. There are some negative outliers and some recurrence on themes, with BTHFT 224/226 for workload. Overall satisfaction is 76.47 vs the national mean at 78.4 and BTHFT is 10th out of 21 across the Yorkshire and Humber region. The majority of outliers refer to workload and the actions from the 'Guardian of Safe Working Hours' will address the feedback on this survey too. The Associate Medical Director will pick up the Resident Doctor portfolio and will look to co-design innovative solutions to rotas and workloads, with regular updates at the People Academy.

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.8a

Assure:

Strategic dashboard – following some confusion over composite metrics for the People Academy, the Strategy and Transformation team shared revised metrics and sought feedback. The Academy approved the metrics for sickness, appraisal completion rate, mandatory training and ethnicity at senior leadership level and asked that the Academy be involved in the evolution of the metrics moving forward. The People Strategy has a simple vision - come, stay, thrive – and it would make sense for attraction, retention, engagement and belonging to be measured in terms of moving the 'dial' towards outstanding.

Staff survey and action plan – in response to last year's survey, there has been a robust action plan with regular executive walkarounds, the Thrive Live conference, the Leading at a Higher Level workshop covering 900 managers, increased Greatix, recognition awards and the EDI conference is yet to come. The 2025 survey launched on 10 September and includes a new question about an individual's socio-economic background. There is a communications campaign to drive up awareness and response rate. Sadly, the paper survey, likely to go to the most vulnerable staff, does not include the socio-economic question as it is too long for the paper version. Regular updates on response rates will be provided.

Education Self-Assessment Review (SAR) – the Training and Education team have completed the SAR with key stakeholders, covering six quality framework domains. The Trust's successes include the new Education Strategy, innovative training development and multi-professional initiatives. The challenges are high workloads impacting the training environment, training space and facilities and the unpredictability and timeliness of NHSE funding. A plan is in place to address the challenges. NHSE will review the SAR and provide feedback.

Karen Walker
People Academy Chair and Non-Executive Director
10 September 25

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26/09/2025 11:58:31

Board of Directors			
Meeting Date:	10/09/2025	**Agenda Reference:**	Bo.9.25.9
Report Title:	Healthcare Worker Flu Vaccination Campaign		
Presented by:	Faeem Lal, Director of HR		
Executive Lead:	Faeem Lal, Director of HR		
Author:	Amanda Grice, Workplace Health & Wellbeing Centre Manager		

Report Summary				
Purpose of the paper:	Decision ☒ (approve)	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	• Each year the NHS prepares for the unpredictability of flu by ensuring front line NHS staff are vaccinated to protect service continuity. The annual vaccination campaign is due to be launched 6 October 2025. • This year the Joint Committee on Vaccination and Immunisation (JCVI) advises that frontline Healthcare Workers (HCWs) will not be eligible for COVID-19 vaccination under the national programme for autumn 2025. • A total of **2495 influenza** vaccinations were given in last year's campaign, representing **33.8%** of frontline staff (the national average uptake by Trust was 37.5%). • There has been a downward trend in flu uptake across the Trust over the last 4 years, which reflects the national picture. • This paper outlines the plans for flu vaccine delivery for all staff across the Trust for the 2025/26 campaign.			
Recommendation/s: (including any decision/approval required)	The Board is asked to approves the plan to deliver this year's healthcare worker flu vaccination campaign, with a target frontline staff vaccination rate of 39% (5% increase on last year).			
Link to Strategic Objective:	People - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion			
Link to Priority Initiatives 2025/26:	N/A			

Implications	
Risk:	NA
Legal/Regulatory:	NA
Quality & Patient Safety:	NA
Equality, Diversity and Inclusion and Health Equity:	NA
Resources:	NA
Environmental sustainability:	NA

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Assurance Route	
Meeting/s where content has been discussed previously:	Healthcare Worker Flu Vaccination Proposal discussed at ETM on 21/07/25 & 28/07/25. ETM approved the preferred option for delivery and decision not to offer covid vaccination to staff. The Flu Vaccination proposal has also been presented at the People Academy on 10/09/2025 and was approved.

Report content

Purpose
The purpose of the paper is to seek Board approval of the plans to deliver the Healthcare Worker flu vaccination programme for 2025/26.

Background

All frontline health care workers (HCWs), including both clinical and non-clinical staff who have contact with patients, will be offered flu vaccine from the start of October as a vital part of the Trust's policy for the prevention of the transmission of flu. The majority of the vaccinations should be completed by the end of November, closer to the time that the flu season commonly starts as this will provide optimal protection during the highest risk period.

Trusts have been set a target of offering the flu vaccine to 100% of frontline healthcare workers with an aim of equalling or exceeding last season's uptake. The NHSE Urgent & Emergency Care Plan has set a target to improve frontline staff vaccination rates by 5%.

This year JCVI advises that frontline HCWs will not be eligible for COVID-19 vaccination under the national programme for autumn 2025. This is following an extensive review by JCVI of the scientific evidence surrounding the impact of vaccination on transmission of the virus from HCWs to patients, protection of HCWs against symptoms of the disease and staff sickness absences.

For HCWs, this means that COVID-19 vaccination likely now has only a very limited impact on reducing staff sickness absence. Therefore, the focus of the programme is now on those at greatest risk of serious disease and who are therefore most likely to benefit from vaccination.

Advice accepted on autumn 2025 COVID-19 vaccination programme - GOV.UK

Evaluation of Vaccination Campaign 2024/25
The 2024/25 winter vaccination programme was delivered by colleagues from Rimmington's pharmacy. This included co-administration offer of influenza and covid vaccination at all sites, out of hours clinics and roaming clinics across the Trust. The primary purpose of this programme was to protect employees and mitigate the operational disruption of sickness absence.

Despite the significant resource that was put into the programme delivery, communication and encouragement, the uptake was disappointing. A total of **2495 influenza** vaccinations were given, representing **33.8%** of frontline staff (the national average uptake by Trust was 37.5%), and a total of **1545 covid** boosters were given, representing **20.9%** of frontline staff (the national average uptake by Trust was 21%). There has been a downward trend in uptake over the last 4 years and this reflects the national picture, as shown below:

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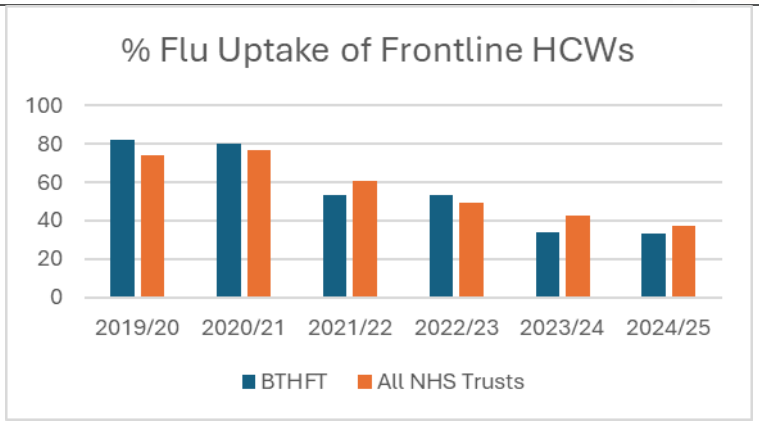
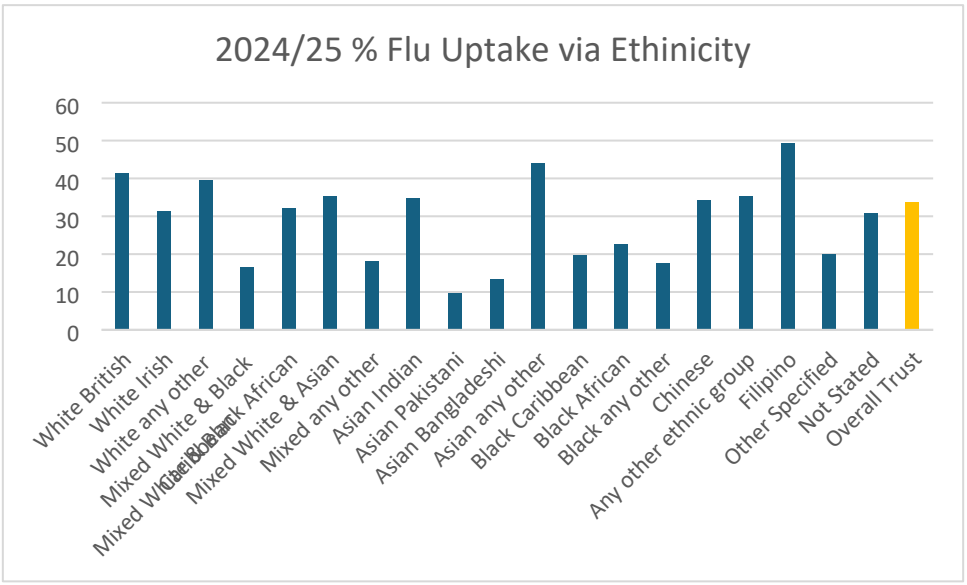
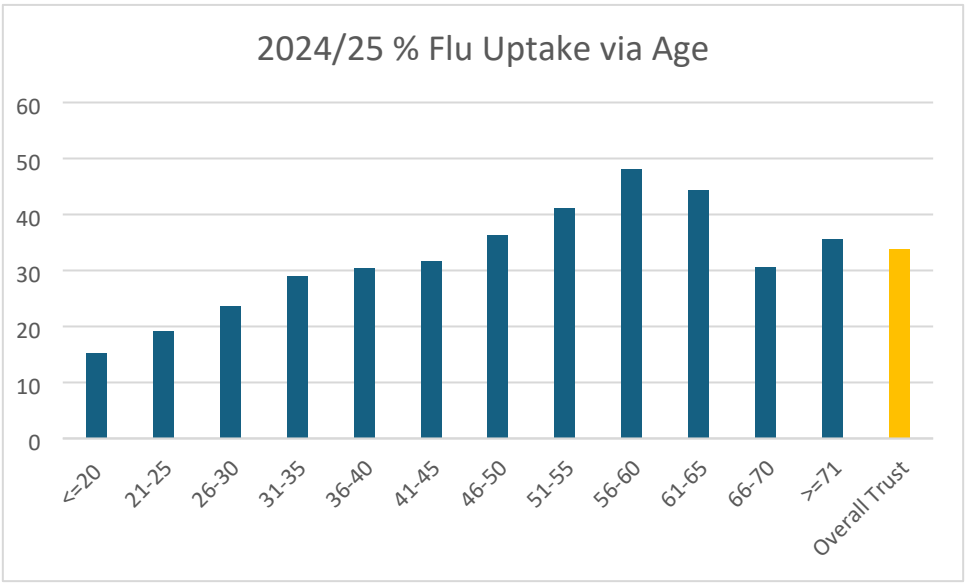


Further demographic analysis of BTHFT flu vaccination uptake indicates low levels of uptake among younger staff members and those from specific ethnic origin groups.





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The highest proportion of employees across the Trust are White British (3916), followed by Asian Pakistani (1482) but this staff group had the lowest uptake. 27% of staff are aged between 26-35, but these age groups were also among the lowest uptake.

Proposal

- Flu vaccination will be delivered by colleagues from Rimmington's pharmacy, similar to last year's campaign. This would be at no cost to the Trust and Rimmington's would use the flu vaccine stock BTHFT has procured for the staff campaign.
- Campaign launch for flu vaccination from 6 October 2025 for a period of 11 weeks.
- Flu vaccine will be available from static vaccination pods on the BRI main concourse and roving vaccinators visiting all wards/departments across the Trust.
- Vaccinators will visit all Trust sites, including weekend and out-of-hours drop-in clinics.
- Clinical areas showing low uptake from the 2024/25 campaign will be visited during the first week.
- Regular Trust-wide winter wellbeing communications to be cascaded and reinforced by senior managers/senior clinical staff.
- UK Health Security Agency (UKHSA) promotional materials to be cascaded when available.
- A personal invitation to have the flu vaccine for each member of staff to be requested in online payslips and Electronic Staff Record (ESR) banner.
- Weekly updates illustrating overall uptake, advertising clinics, links to clinical evidence and dispelling myths.
- Promotion of the campaign via weekly bulletins, Let's Talk, digital screens, screen savers and via Trust Induction.
- Monthly cumulative uptake data from ESR will be submitted to UKHSA via the ImmForm website.
- Data will be provided weekly to the Executive team, broken down via CSU, work area and staff group.

It is requested that the Board approves the plan to deliver this year's healthcare worker flu vaccination campaign, with a target frontline staff vaccination rate of 39% (5% increase on last year).

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Trust Board			
Meeting Date:	25/09/2025	**Agenda Reference:**	Bo.9.25.10
Report Title:	Strategic Equality and Diversity Council September 2025 Update		
Presented by:	Mel Pickup, Chief Executive Officer		
Executive Lead:	Renee Bullock, Chief People & Purpose Officer		
Author:	Ruth Haigh, Equality, Diversity & Inclusion Manager		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	The Trust's Equality and Diversity Council (EDC), chaired by CEO, has a remit for both workforce and wider health inequalities and continues to meet quarterly. This report provides an update on the key highlights from the last EDC meeting which was held on 23rd July 2025. The following key items were discussed at July EDC meeting: • Colleague Equality Network updates • Health Equity Update • Cardiac Rehab Psychology – Improving Access for South Asian Patients • Sexual Safety Charter • People Strategy & Year 1 Implementation Plan • NHS 10 Year Plan "Fit for the Future" – EDI Considerations • EDI Conference Update • EDC TOR review			
Recommendation/s: (including any decision/approval required)	The Trust Board is asked to: 1. Note the contents of this update report 2. Support the proposed areas of work identified in section 4			
Link to Strategic Objective:	People - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion			
Link to Priority Initiatives 2025/26:	Thrive			

Implications	
Risk:	There is a risk that we are unable to achieve our ambitions on ED&I, including tackling health inequalities due to ingrained attitudes that persist in society and across our health and care organisations. If we are unable to recruit, retain and develop a workforce at all levels that is representative of the population we serve, **then** we may have low levels of staff engagement and morale, **resulting in** an adverse impact on patient safety and experience, staff experience and wellbeing, and a failure to attract diverse staff to work for our Trust.

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Legal/Regulatory:	There is a requirement to ensure the Trust is compliant with a whole range of NHS equality frameworks and including the Equality Act 2010 (specifically the Public Sector Equality Duty). Our progress on EDI is a key success measure under the CQC well-led framework.
Quality & Patient Safety:	Our progress on EDI and Health Equity is a key success measure for providing quality patient care.
Equality, Diversity and Inclusion and Health Equity:	EDC provides leadership and focus for advancing EDI across the Trust, including our progress on Health Equity. It also provides a platform for our four staff equality networks to share their lived experience and to influence the Trust EDI agenda.
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	N/A

Report content

1. Highlights of the EDC meeting – Wednesday 23rd July 2025

Colleague Equality Network Updates:

LGBT+ Colleague Equality Network: Under the leadership of Amelia Cripps, colleagues have been working hard to raise the profile of the network with a range of communications going out across the Trust. The Thrive Conference was an opportunity to talk to LGBT colleagues and allies and during June (Pride month) they introduced a refreshed screensaver sharing information about Pride, why it is celebrated, along with the role and remit of the network. Through all this activity the network has seen a good increase in both allyship and network membership and engagement (membership increasing from c. 26 to c.36), with wider network meetings now taking place quarterly.

The EDI team has worked closely with colleagues in the network to review and refresh the Trust Rainbow Badge training. Colleagues worked hard to ensure a series of Rainbow Badge Roadshows were a great success, with over 120 People making a pledge and signing up for the training so they have a real understanding of some of the challenges that LGBT+ patients experience in accessing healthcare.

RESIN (Race Equality Staff Inclusion Network): The EDI team joined June Thomas at their first network meeting following the amalgamation of RESIN and the Maternity Diverse Working Forum. The meeting focussed primarily on re-establishing the role and remit of the network with June as network co-chair and some discussion around encouraging a greater representation of men in the network.

The group also discussed how they might be able to contribute to some of the work around developing an anti-racist strategy.

Celebrations on the horizon included South Asian Heritage Month (celebrated on the main concourse on 21st August 2025, with shared stories, food, henna tattoo's and more), Black History Month which promises to be an equally big event and network involvement in the upcoming EDI Conference.

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June raised the issue of increasing diversity in the senior leadership team. Mel and Saj agreed to attend a future RESIN meeting to have that discussion with colleagues around how we address some of the barriers to progression.

Enable Colleague Equality Network: With 62 wider members of the Enable Network, Sonia Sarah confirmed they are currently encouraging colleagues to come forward to take on specific core group roles, and there is already some interest in a co-chair ship. Regular network meetings are now taking place with a hybrid approach and support from executive sponsor Mark Hindmarsh.

At the last meeting colleagues shared their feedback on the Trust Disability Equality policy and discussed plans to collaborate on some drop-in sessions (planned for Q3) to raise the profile of disability equality and empower managers in their role of supporting staff with a disability of long-term health condition.

Sonia has also been liaising with colleagues at place level to develop a neuro diversity peer support group and a support booklet for colleague. Discussions have also been taking place with colleagues in Informatics to develop a Digital Education Forum linked to the Enable network.

Work is taking pace with the new inclusive garden space at Field house with a number of the covered pods planned to have IT access (usable as workstations when the weather is good). Issues such as privacy (for outdoor meetings), accessibility and celebration of diversity have all been incorporated into the design (taking into account network feedback).

Gender Equality Colleague Network: Shaheen Kauser (Chair of the Gender Equality Network) confirmed membership of this new network has increased to 32 since the last EDC in March, with expressions of interest in core group roles. Members completed a survey to establish the format of meetings going forward. Shaheen shared the network work plan (featuring 8 objectives) and provided an update on current progress. Shaheen shared the new network logo (developed by comms) and confirmed there had been significant progress on the breastfeeding working group (who are collaborating with senior colleagues to develop dedicated spaces, fully equipped for breast/ chest feeding/ storing milk, and resources to develop pop-up facilities too, along with information to empower managers in their role of supporting breast/ chest feeding colleagues. A space in the staff lounge at BRI has already been allocated for development to incorporate secure access off the main corridor and a booking system to ensure appropriate use and an application for money from charities should provide the resources needed to make this a real success. Comms will be developed to go

Health Equity Update: Naveed Saddique shared a video demonstrating how the Strategy & Transformation Team are undertaking projects that can scale, build capacity, capability or knowledge under the theme of Health Equity, including:

- MECC (making every contact count) – working with living well and West Yorkshire ICB to deliver an event on the concourse to mark 'Hypertension Day', providing blood pressure checks (resulting in 75 meaningful conversations, including referrals to GP's where needed).
- Working closely with Claire Bancroft, Head of Volunteering to progress the 'Community Connectors' initiative.
- Developing a directory of services
- Supporting a Yorks & Humber wide renal project to tackle inequalities in access to renal services.
- Development of lunch & learn webinars with focus on EDI versus Health Equity (with 50 people booked on in less than a week of publicising)
- First meeting of the Heath Equity Oversight group scheduled to provide oversight and challenge and with plans to develop our Health Equity Work Plan for 2025, including the Health Equity self-assessment.

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EDC congratulated the team on the fantastic progress they are making. Mark and the team to provide a further progress update to Trust Board, along with outline of the completed Health Equity Work Plan.

Cardiac Rehab Psychology – Improving Access for South Asian Patients (Psychological Therapy in Urdu/ Punjabi): Aamnah Rahman, Psychological Therapist shared some of the fantastic work she has been doing to improve access for South Asian patients by providing psychological therapy in both Urdu and Punjabi.

With 40% of the cardiac referrals that are made to the psychology service coming from a South Asian background, including a significant proportion with little or no English speaking skills, a successful bid for NHS England cardiac rehabilitation programme funding provided resource to run a 9 month long pilot to assess the impact of providing therapy that was delivered in Urdu and Punjabi, without the need for interpreters.

Although the pilot has finished, colleagues with dual language skills continue to utilise this to benefit their diverse patients and the team have developed a patient information video in Urdu to sit alongside the English version on their web page.

Aamnah will attend a national conference for BABECP to present her work under the Equality & Diversity stream as an example of good practice.

Mel congratulated Aamnah on this great piece of work and highlighted the transferability of the learning from this to other therapeutic/ clinical areas. Karen Bentley was keen to connect with Aamnah to look at sharing this more widely as a positive patient story and highlighted that cost savings (for reduced interpreting) could be re-directed to improving multi-lingual services.

Sexual Safety Charter: Sarah Turner, Assistant Chief Nurse (Vulnerable Adults) provided an update around what the Trust has been doing to meet the requirements of the sexual safety charter, which was launched in response to concerns about sexual misconduct in healthcare. Sarah shared the 10 principles which are covered by the charter with focus on an open, supportive approach, providing both clear standards of behaviour and clear reporting mechanisms where concerns need to be raised.

Our staff survey results currently provide a guide to the level of unwanted behaviour of a sexual nature, and the aim is to ensure that our approach is robust and consistent, and that colleagues are well supported when they raise a concern. There will be clear messages that such behaviour is not tolerated at the Trust, but with a trauma informed approach, ensuring that decisions are made collaboratively with colleagues and that cultural considerations are also taken into account (challenging biases and stereotypes).

The Trust now has a trained, independent sexual violence advocate (the only one locally within health). A policy and easy read flow chart have been developed with key stakeholders to support people who have experienced sexual misconduct in the workplace, ensuring the victims voice, views and wishes are heard throughout the process. Victims do not determine the outcome but are part of formulating the solution.

Messages about the new policy will be shared as part of '16 days of action on sexual violence' (in November 2025). There will also be a poster campaign and e-learning for managers/ staff as part of the policy implementation plan.

Stephanie Sheehan
26/09/2025 12:55:31

People Strategy & Year 1 Implementation Plan: Cat Shutt, Head of OD thanked colleagues for their contribution to shaping the newly launched People Strategy. The 5-year strategy has been aligned to national priorities (The People Plan) and sits alongside our Trust Education Strategy, EDI Strategy and

Corporate Strategy. The 3 key objectives focus on 'health & wellbeing and belonging', 'making BTHFT a great place to work' and 'our people working differently'. The strategy is supported by a number of video's that really bring it to life, along with an annual implementation plan. The OD team will provide an annual progress report to People Academy. As new priorities emerge (such as the newly launched NHS 10-year plan) these will be incorporated into the strategy to ensure it remains live during the 5-year duration. A number of key actions identified in the year 1 implementation plan are already completed or well under way.

NHS 10 Year Plan "Fit for the Future" – EDI Considerations: The newly launched NHS 10-year plan was developed in response to a number of growing concerns in relation to the healthcare system. Although EDI is not explicitly cited within the plan it embeds EDI principles throughout its structure and delivery mechanisms. Kez Hayat, Head of EDI provided his reflections on the plan from an EDI and Health Equity perspective and how the plan aligns, not only to the NHS EDI Improvement Plan but also our existing EDI Strategy and a number of existing equality frameworks and EDI/ Health Equity related activity across the Trust.

The plan sets out 3 radical shifts:

- From hospital to community care
- From analogue to digital
- From sickness to prevention

Kez outlined each of the four principles within the plan drawing out the EDI considerations within each principle.

- Co-development and lived experience
- Workforce Reform with Inclusion & Fairness
- Prevention & Health Equity
- Transparency & Accountability

Our current EDI strategy comes to an end in December 2025, which provides a timely opportunity to refresh our strategic objectives around EDI and Health Equity, ensuring these are fully aligned to the 10-year plan and through engagement with our diverse workforce.

EDI Conference Update: Kez announced the date of the upcoming EDI Conference (with focus on Belonging). The conference will take place on 22nd October 2025 at the Cedar Court Hotel in Bradford (starting at 10am). This will be an interactive, engagement focussed event that will provide an opportunity to celebrate our EDI journey and our diverse colleagues.

Although this is an event for Trust colleagues, Mel was also keen to ensure we invite some of our external system partners to showcase some of the work that we are doing in this space.

EDC TOR annual review: These have been refreshed to ensure they are up to date (including reference to the 10-year plan).

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BOARD OF DIRECTORS			
Meeting Date:	25th September 2025	**Agenda Reference:**	Bo.9.25.11
Report Title:	2025 Training and Education Self-Assessment Report		
Presented by:	Faye Alexander, Head of Education		
Executive Lead:	Dr John Bolton, Chief Medical Officer		
Author:	Faye Alexander, Head of Education		

Report Summary				
Purpose of the paper:	Decision ☒ approve	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☐

Summary of Key Issues/Highlights:

- NHS England (NHSE) have adopted the control mechanism set out in the HEE Education Quality Strategy 2021, which includes an annual self-assessment process, by which organisations carry out their own quality evaluation against a set of standards.

- The Trust is required to submit a self-assessment report (SAR) to Trust Board for approval on all the education provision for health care professions.

- Training and Education (T&E) have completed the SAR in conjunction with key internal stakeholders and have provided a multi professional response (Appendix 1).

- The SAR covers reporting on six quality framework domains. Information has also been provided relating to; Finance from the NHSE Education Funding Agreement, Equality, Diversity and Inclusion, Sexual Safety, Supervision and Assessment for students and trainees, and any issues relating to risk.

- From a strategic perspective the Trust is asked to select three successes and three challenges in relation to education provision:

Successes:

1) New Education Strategy
2) Innovative Training/Course Development
3) Multi-Professional Initiatives

Challenges:

1) High workload impacting the learning environment and staff availability for training and faculty
2) Training Space and Facilities
3) NHSE Funding Unpredictability/Timeliness

- NHSE will review the completed SAR within their education quality team and will provide feedback once this is completed. Ongoing monitoring and review of our progress against our plan to address the challenges highlighted within the SAR will be undertaken by NHSE.

The full self-assessment report is available in the Board of Directors Reading Room on Admin Control click here

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Recommendation/s: (including any decision/approval required)	*The Trust Board is asked to:* 1) To approve the SAR submission prior to the deadline of 31st October 2025. 2) Note the positive findings of the education service. 3) Note the challenges and be assured that the Training and Education team are aware of the concerns and have a delivery plan to mitigate the risks.
Link to Strategic Objective:	Improvement - To be a continually learning organisation and recognised as leaders in research, education and innovation
Link to Priority Initiatives 2025/26:	N/A
Implications	
Risk:	N/A
Legal/Regulatory:	Links to; NHS England's Education Funding Agreement, Education Quality Framework, Education Quality Strategy
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	The SAR was produced in conjunction with the EDI team.
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	Education Quality Meeting – 05/08/2025 Education Operational Meeting – 26/08/2025 People Academy – 10/09/2025

2025 Training and Education Self-Assessment Report

1. Purpose

This paper presents the Trust's annual Self-Assessment Report (SAR) for education provision across all healthcare professions, as required by NHS England under the HEE Education Quality Strategy 2021. The Board is asked to **approve** the completed SAR prior to submission to NHS England.

2. Background/context

NHS England has adopted the control mechanism set out in the HEE Education Quality Strategy 2021, which includes an annual self-assessment process whereby organisations evaluate their own education quality against established standards. This mandatory process requires Trust Board approval before submission to NHS England.

The Training and Education department has completed the SAR in conjunction with key internal stakeholders, providing a multi-professional response covering all education provision for healthcare professions within the Trust.

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3. Assessment

The SAR covers reporting across six quality framework domains against the HEE Education Quality Standards 2021. Additional information has been provided relating to finance from the NHS England Education Funding Agreement, Equality, Diversity and Inclusion, Sexual Safety, Supervision and Assessment for students and trainees, and risk management issues.

There are no exceptions reported on the SAR for any of the quality domains.

From a strategic perspective the Trust is asked to select three successes and three challenges in relation to education provision:

Strategic Assessment – Key Successes

1. **New Improved Education Strategy**

   In January 2025, the Education Service launched a new five-year strategy positioning Bradford Teaching Hospitals NHS Foundation Trust as a leader in healthcare education, innovation, and collaboration. This strategy focuses on equipping our workforce with the skills, knowledge, and resilience needed to meet evolving patient and community needs. Notably, the strategy now includes two new objectives: fostering research, innovation, and improvement, and to influence healthcare education through partnership. This marks a shift from a previously internal focus to a more outward-looking, system-wide approach.

2. **Innovative Training/Course Development**

   Several innovative programmes demonstrate the Trust's commitment to educational excellence. A Digital Innovation Future Leader Fellow from NHS England has been focusing on virtual reality development for undergraduate student learning and has successfully secured NHS Innovation Fund grant support. The Trust has successfully launched the first Intermediate Laparoscopic Skills Course outside of London, accredited by the Royal College of Surgeons, which decentralises access to advanced surgical training and positions the Trust as a leading surgical education provider. Enhanced simulation capabilities include live streaming and increased clinical in-reach provision to medical students to reduce workload challenges.

3. **Multi-Professional Initiatives**

   The Trust has implemented several multi-professional initiatives to enhance the learning environment and support learner development. These include Listening Events and a Multi-professional Learners Forum featuring diverse speakers and topics, providing valuable networking and learning opportunities across professional boundaries. Additionally, 'Reflect and Recharge' sessions provide structured peer support opportunities for students to work through challenges collaboratively.

Strategic Assessment – Key Challenges

1. **High Workload Impact on Learning Environment**

   The Trust faces significant challenges related to high workload levels, with BTHFT ranking 224/226 in the UK for workload in the GMC Survey 2025.

Osborne-Sheehan
2/09/2025 11:55:31

These high workload levels result in frequent last-minute course cancellations due to workforce demands, difficulty releasing faculty to support training delivery, and high DNA rates for provided courses. While safe patient care is understandably prioritised over education delivery, this creates ongoing challenges for maintaining consistent training programmes. The Trust has implemented mitigation measures including active monitoring of exception reports for missed training opportunities and close collaboration with Deputy Directors of Nursing to prioritise training where possible.

2. Training Space and Facilities

The Education and Training department faces significant infrastructure challenges due to an ageing and declining estate. The department has expanded without corresponding capital investment, resulting in increased pressure on training facilities and regular struggles around room availability for teaching sessions. The building's age creates accessibility limitations that restrict the teaching the Trust can offer to staff and students. Space shortages have become critical as the department has outgrown its current footprint, with training space now at a premium across the organisation.

3. NHS England Funding Unpredictability

The Trust continues to face challenges with NHS England funding arrangements, including reductions in funding for Advanced Life Support training and the withdrawal of funding for essential skills courses for resident doctors, such as chest drains and central line insertion. Delays in confirming funding for Level 7 Advanced Clinical Practitioner (ACP) apprenticeships and Continuing Professional Development (CPD) further complicate effective planning, making it difficult to commit resources in advance. These uncertainties significantly affect the Trust’s ability to plan long-term educational programmes and allocate resources effectively.

4. Options analysis/Proposal

Based on the strategic assessment, the following actions are proposed to strengthen education provision across the Trust.

Short-Term

- Mitigate workload impact by prioritising essential training and offering flexible/virtual sessions.
- Optimise existing training space and explore temporary external venues.
- Manage funding uncertainty by prioritising critical courses and seeking alternative funding.

Medium- Long Term

- Explore expansion of training capacity via refurbishment or repurposing of existing spaces.
- Scale successful innovative and multi-professional programmes.
- Embed sustainable workforce development and multi-professional training pipelines.

Osbourne.Sheridan
25/09/2025 11:58:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.12

Committee/Academy Escalation and Assurance Report (AAA)

Report from the Quality Committee

Date of meeting: 18th September 2025

Key escalation and discussion points from the meeting
Alert:
Risks – the risks have been reviewed and made concise and specific; this means some risks are closed and some new risks created. There are 4 new risks, no risks past their target mitigation date, 4 have been closed and 1 risk has reduced in score. Risks 2756 (A&E length of stay), 2758 (patients seen in acute crisis causing violence and aggression) and risk 2753 (insufficient capacity for in hospital haemodialysis) have replaced old risks. Risk 2773 (increased medical supervision for children with medical complexity) is new. Risk 2654 has reduced from 16 to 12 as improvements have been made to the financial reporting and patient documentation completeness of clinical coding. The Committee were assured by the in depth review of risk reporting and improvements made to the quality of risk descriptors and mitigation actions. **SHMI/Clinical Coding** – an update was provided on clinical coding (translating written descriptions of patient diagnosis, conditions and treatment into standardised codes) and its impact on the SHMI data following several previous discussions at the Quality Committee. The SHMI has decreased but specific issues have been identified that are impacting the accuracy of the data, such as 'hidden' activity going unrecognised, erroneous recording, and ward attenders admitted as inpatient activity. The impact is a dilution of the reporting case mix, distortion of the national benchmarking, inflation of readmission data and a negative skew of the perceived quality of care. The Committee were assured by the clinical coding transformation plan that has been developed to address the issues and improve data integrity, operational efficiency and benchmarking.
Advise:
Quality Oversight and Assurance – there were 1396 safety incidents recorded for July and 1343 for August, with reporting static but higher than the same time last year indicating an improved incident reporting culture. There is a clear escalation process in place and evidence of learning from incidents. Emerging themes from over the summer relate to erroneous completion of the WHO checklist, breast milk storage issues, food intolerances, flushing of cannulas, patients listed on EPR for incorrect procedures, dermatology results being issued to the wrong consultant and inappropriate transfer of patients from Airedale Hospital to BTHFT. Assurance was taken from the continuous improvement in incident reporting and the level of learning and improvement from incidents. **Maternity and Neonatal Services** – the Director of Midwifery provided a robust update on Maternity and Neonatal Services covering the report shared with the Health Overview and Scrutiny Committee in July, the Saving Babies Lives Q4 report, progress on the Three Year

Christine Sherratt
26/09/2025 13:39:11

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.12

Plan, benchmarking against the Five X More 25 follow up report and the Perinatal Quality Surveillance Model data. They also shared that the CQC were wrapping up a two day inspection at the point of the Committee, and that the Trust had been included in the National Maternity and Neonatal Investigation, although they were unaware of the trigger resulting in the Trust's inclusion in the investigation.

The HOSC report outlined the improvement and assurance journey of the services since 2018 to date including the current challenges, future plans, and areas the council could support in building public confidence and improving maternal and neonatal outcomes through targeted messaging. The report was positively received. The July and August data showed 2 stillbirths, 1 Neonatal death and 1 HIE. The peer review of the Saving Babies Lives data showed that the MIS standard had been met and overall compliance in Q4 was 91% with robust improvement actions in place. The Five X More Black Maternity Experiences report has been digested and there were six national recommendations but the Trust have identified two areas they can raise awareness on without needing to wait for the national resources. They key area of concern in the Three Year Plan is the lack of an electronic personalised care plan but progress on procurement has been made. The outcome of a completed investigation on a case that received recent press coverage was also shared, as were the recommendations from the MNSI report. The Committee took assurance form the detailed update.

Assure:

Health Equity and Inequalities – The Committee was reassured by the update on the Health Equity Programme developed following the Board development session in October 24. The key projects underway are:

- Make Every Contact Count – equipping staff to engage in meaningful conversations with patients and service users to improve health outcomes, reduce inequalities and improve the patient experience
- Community Connectors – utilising volunteers as key contacts for local residents in deprived areas and providing support to access healthcare, financial support and other essentials
- Library Services for Community Users/Local Residents – providing onsite computer access to residents so they can learn how to access health records and services

The Health Equity intranet pages have been redesigned to share the work being done across the Trust, helpful resources and a toolkit. The team is focused on developing the capability of the Trust's people in improving health equity and tackling health inequality through training and education.

Quality Improvement Initiative: Martha's Rule – the Head of Improvement updated the Committee on the excellent progress made with implementing Martha's Rule. Components 1 and 2 are now active on 18 of 27 wards across BRI and SLH and are being implemented on ward 30 (Paediatric in-patient). Component 1 covers the Patient Wellness Questions and component 2 encourages staff to seek a review from a different team if they are concerned a patient is deteriorating and are not being responded to. Component 3 allows escalation to another team by the patient, their family or carer and will be launched on 27 October. There is a clear plan on community and stakeholder engagement to support the launch of component 3. The Committee were assured by the progress made and the results so far.

Classification: Unrestricted
25/09/2025 11:08:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.12

Report completed by:

Karen Walker, Interim Quality Committee Chair and Non-Executive Director,

21 September 2025

Osbourne Sheridan
26/09/2025 11:58:31

BOARD OF DIRECTORS			
Meeting Date:	25.09.25	**Agenda Reference:**	Bo.9.25.13
Report Title:	MATERNITY AND NEONATAL (PERINATAL) BOARD ASSURANCE, JULY/AUGUST 2025		
Presented by:	Sara Hollins, Director of Midwifery		
Executive Lead:	Professor Karen Dawber, Chief Nurse		
Author:	Sara Hollins, Director of Midwifery		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	The Director of Midwifery and the Chair of Quality Committee (QC) provide the Board with assurance that a monthly review of maternity and neonatal quality and safety relating to July and August 2025 activity was presented and key elements discussed, including: • The number of harms occurring in July and August, including stillbirths, hypoxic ischaemic encephalopathy (HIE), neonatal deaths, and the number of Maternity and Newborn Safety Investigations (MNSI) and Serious Incident (SI) cases were discussed. • There was 1 completed MNSI report in July, and none in August. Learning and recommendations from the investigations was also shared with the Quality Committee. This paper also includes: • Three Year Delivery Plan for Maternity and Neonatal Services progress update. • Summary and actions following the publication of the Five X More Black Maternity Experiences Report: Continuing the Conversation on Black Maternal Care In the UK.			
Recommendation/s: (including any decision/approval required)	The Board is asked to: 1. Note that the QC has reviewed and discussed the contents of the July and August 2025 Maternity and Neonatal (Perinatal) Services update papers, as a committee of the Board with delegated authority. The papers presented to the QC are available on request. 2. The Board is asked to formally note in the minutes that it is assured that Appendix 1 provides the required information to assure the system that BTHFT has appointed to and has in post, the staff to fulfil the roles required to deliver elements of Saving Babies Lives Version 3.2.			
Link to Strategic Objective:	Quality - To provide outstanding care for patients, delivered with kindness			
Link to Priority Initiatives 2025/26:	N/A			

Josephine Shepherd
25/09/2025 11:18:31

Implications	
Risk:	N/A
Legal/Regulatory:	The December 2020 NHS publication 'Implementing a revised perinatal quality surveillance model' set out a number of requirements to ensure that there is Trust Board level oversight of perinatal clinical quality and safety. The requirements to strengthen and optimise Board oversight for maternity and neonatal safety includes: • That a monthly review of maternity and neonatal safety and quality is undertaken by the Trust Board. • That all maternity Serious Incidents (SIs) are shared with Trust Boards and the Local Maternity System (LMS), in addition to reporting as required to Maternity and Newborn Safety Investigation (MNSI) programme. • To use a locally agreed dashboard drawing on locally collected intelligence to monitor maternity and neonatal safety at Board meetings.
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	Quality Committee, 18 September 2025

Report content

1. Purpose

The December 2020, NHS publication 'Implementing a revised perinatal quality surveillance model' set out a number of requirements to ensure that there is Trust Board level oversight of perinatal clinical quality and safety.

The requirements to strengthen and optimise Board oversight for maternity and neonatal safety includes:

- That a monthly review of maternity and neonatal safety and quality is undertaken by the Trust Board.
- That all maternity Serious Incidents (SIs) are shared with Trust Boards and the Local Maternity and Neonatal System (LMNS), in addition to reporting as required to Maternity and Neonatal Safety Investigations (MNSI) formerly HSIB.
- To use a locally agreed dashboard drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.

osbourne.emerson 26/09/2025 11:58:01

The monthly maternity and neonatal services report presented to Quality Committee (QC) ensures that there is a timely and structured reporting mechanism of maternal and neonatal outcomes including learning from incidents, and that QC, as a delegated authority of Trust Board has assurance of an open and transparent oversight and scrutiny of perinatal (maternity and neonatal) services.

The format of the monthly reports supports the Trust level implementation of the Perinatal Clinical Quality Surveillance Model and ensures that key elements of the framework are visible and transparent at Trust Board level.

The monthly paper also serves as the main mechanism for QC, as a delegated authority of Trust Board, to have oversight of key elements of the NHS Resolution Maternity Incentive Scheme (MIS), throughout the annual reporting period, such as quarterly Perinatal Mortality Review Tool (PMRT) reports, and monthly midwifery and obstetric staffing updates.

This bi-monthly Maternity and Neonatal (Perinatal) Board Assurance paper provides a summary of the key elements of the monthly paper presented and discussed at QC, including the approval of any reports required to demonstrate compliance with the annual Maternity Incentive Scheme (MIS).

2. Background/context

The July and August updates and associated appendices were both discussed in September Quality Committee due to there being no meeting in August.

The key elements of the papers discussed included:

- The number of harms occurring in July and August, including stillbirths, hypoxic ischaemic encephalopathy (HIE), neonatal deaths (NND), maternal deaths, and number of MNSI and SI cases were discussed.
- There was one completed MNSI report and learning/recommendations to share in July and none in August.
- The Committee was asked to note that the Perinatal Leadership Quad joined the July Bi-monthly Perinatal Safety Champion meeting, and that there were no safety escalations requiring support from Board.
- The Committee reported and recorded that they were assured by the papers, presentation, and discussion. There was nothing identified requiring escalation to Board.

In addition to the papers presented to QC, the service would like to update the Board on specific items:

- To demonstrate compliance with the Saving Babies Lives Version 3.2 Implementation Audit Tool, the Board is asked to confirm to the system that the specified roles required to deliver elements of the bundle are appointed and in post, see Appendix 1 for details.

  The service confirms that the Midwifery roles described are all substantive posts within the agreed establishment with no current vacancies, and that the Appointed Lead Obstetricians all have these specific responsibilities in their job plans. It is requested that this is formally acknowledged in the Board minutes.

  The Neonatal Preterm Nurse is currently funded via the LMNS.

Osbourne Sheridan
26/09/2023 11:58:21

- The Committee received the Saving Babies Lives quarterly progress report following peer review/oversight by the LMNS, required to demonstrate compliance with Safety Action 6 of the Maternity Incentive Scheme. The review concluded that the MIS standard has been met.

- The Committee received the recently updated copy of the Maternity and Neonatal Three-Year Delivery Plan, including progress towards achievement and outstanding areas of concern. The plan describes the ongoing progress, some elements which are 'business as usual', with some actions completed and now subject to ongoing monitoring.

  The key area of outstanding concern is the lack of an electronic personalised care plan. However, there is progress to report in that a procurement exercise is in progress and nearing completion. Unicef Baby Friendly accreditation remains an area of non-compliance, with a target achievement date of April 2026. The Committee was provided with a separate infant feeding update, describing this in more detail.

- The Committee discussed the Five X More Black Maternity Experiences Report: Continuing the Conversation on Black Maternal Care In the UK, published in July and reviewed by the service in August.

  The report concludes that many of the issues identified in the original 2022 report remain unresolved and that Black women continue to report being dismissed, and their pain frequently minimised or ignored.

  There are 6 recommendations, predominantly for the attention of stakeholders including NHS England (NHSE), NHS Race and Health Observatory, and the Transformation Directorate at NHSE.

  However, the service has identified two areas where awareness can be raised without waiting for nationally produced resources.

  The service has approached the Community Engagement Worker for the Black Health Forum, to consider a co-produced piece of work to increase the awareness of and engagement with an improved Patient Advice and Liaison Service and design a pull up banner and/or posters explaining pain relief options during labour and birth.

3. Assessment

The monthly perinatal reports and associated appendices, and this overarching Board Assurance paper, meet the perinatal quality surveillance model requirements and recommendations to ensure that there is Trust Board level oversight of perinatal clinical quality and safety.

4. Options analysis/Proposal

The service proposes that the Perinatal Update paper continues to be presented to the Quality Committee on a monthly basis with an assurance paper presented to Board bi-monthly.

This is to ensure that the Trust Board receives timely information regarding perinatal quality and safety issues, in addition to quality improvement and transformation.

Osbourne.Sheila
29/09/2025 11:56:31

Any urgent concerns emerging outside of the monthly reporting arrangements will be escalated by the Trust Level Safety Champions to the Board Level Safety Champion.

5. Appendices:

- Appendix 1 - Saving Babies Lives Implementation Audit Tool Evidence

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26/09/2025 11:58:31

Appendix 1 – Saving Babies Lives Implementation Audit Tool Evidence

To demonstrate compliance with the Saving Babies Lives Version 3.2 Implementation Audit Tool, the Trust Board is asked to confirm to the system that the specified roles required to deliver elements of the bundle are appointed and in post.
The service confirms that the Midwifery roles described are all substantive posts within the agreed establishment with no current vacancy and that the Appointed Lead Obstetricians all have these specific responsibilities in their job plans.
The Neonatal Preterm Nurse is currently funded via the LMNS.

Saving Babies Lives Requirement version 3.2	**Evidence Requirement**	**BTHFT Position**	**Compliant**
4.5 – Identify a dedicated lead midwife (minimum of 0.4 WTE) and lead obstetrician (0.1 WTE) with demonstrated fetal monitoring expertise to focus on and champion best practice in fetal monitoring. Capacity should be sufficient to be visible, lead and educate across all sites and feed activity into continuous improvement and learning.	The Trust Board should specifically confirm to the system that within their organisation a dedicated lead midwife (0.4 WTE) and Lead Obstetrician (0.1 WTE) per consultant lead unit have been appointed and is in post.	0.5 WTE B7 Fetal Monitoring Lead Midwife L. McLacloughan 2 x Consultant Obstetricians Z. Thomas L. Jackson	Yes
5.1 – Each provider trust should have: a. an obstetric consultant lead for preterm birth, delivering care through a specific preterm birth clinic or withing an existing fetal medicine service b. an identified local preterm birth/perinatal optimisation midwife lead] c. a neonatal consultant lead for preterm perinatal optimisation	The Trust Board should specifically confirm to the system that within their organisation they have appointed and have in post the leads specified.	2 Consultant Obstetricians A.Mighell T. Pettinger M. Fish (B7) S. Oddie	Yes

Osbourne Stevenson
26/09/2015 11:38:21

d. an identified neonatal nursing lead for preterm perinatal optimisation		L. Chadwick (B7)	
6.1 – Women with pre-existing diabetes in pregnancy should be offered care in a one-stop clinic, providing care to pre-existing diabetes only, which routinely offers multidisciplinary review and has the resources and skill set to address all antenatal care requirements.	The MDT should consist as a minimum of: obstetric consultant, diabetes consultant, diabetes specialist nurse, diabetes dietitian, diabetes midwife.	Diabetes Consultant: A. Mighell Endocrinologist: V. Joseph Diabetes specialist nurse: S. Dunning Diabetes dietitian: Helen Matebele Diabetes Midwife B7: B. Lambert-Pitts 0.5 WTE J. Goodwin 0.5 WTE	Yes

Osbourne Sheridan
26/09/2025 11:58:31

BOARD OF DIRECTORS				
Meeting Date:	25 September 2025	**Agenda Reference:**	Bo.9.25.14	
Report Title:	Research in the Trust			
Presented by:	Dr John Bolton, Chief Medical Officer			
Executive Lead:	Dr John Bolton, Chief Medical Officer			
Author:	Professor John Wright (Director of Research) & Dr Tracy Watson (Director of Research Operations) & Research Department Heads			
Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	This report for research describes some of the main areas of work and progress over the last few months; these include: • Applied Health Research Activity • Clinical Research Activity *The report and appendices are available in the Board of Directors Reading Room on Admincontrol* click here			
Recommendation/s: (including any decision/approval required)	The Board of Directors is asked to*:* 1. Note this report; it is for information and highlights how important research activity is for healthcare and treatment improvement.			
Link to Strategic Objective:	Improvement - To be a continually learning organisation and recognised as leaders in research, education and innovation			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	NA			
Legal/Regulatory:	NA			
Quality & Patient Safety:	NA			
Equality, Diversity and Inclusion and Health Equity:	NA			
Resources:	NA			
Environmental sustainability:	NA			
Assurance Route				
Meeting/s where content has been discussed previously:	Quality Committee – 18th September 2025.			

Cleburne Sherratt
19/09/2025 14:08:41

Report content

This report for research describes some of the main areas of work and progress over the last few months. The full report is available in the Board of Directors Reading Room on Admincontrol.

The report covers the following areas:

- **Research infrastructure**
  - Modular Clinical Research Expansion – award of £1.3m from NIHR capital funding to build a new modular building.
  - Mobile Research Vehicle 'MRVin' – the vehicle will be used to deliver research studies and yo promote health research at a variety of local events and venues.

- **Applied Health Research**
  - Yorkshire Quality and Safety Research Group – updates on completed work and current work (including Martha's Rule and Safe and Single Medicines administration), future work and reporting and feedback – including annual reports for the NIHR Yorkshire Patient Safety Research Collaboration (PSRC) and the NIHR SafetyNet (network of all six PSRCs across England), which is led from BTHFT.
  - Born in Bradford and supporting cohort studies (Age of Wonder and Born in Bradford Better Start (BiBBS) ACHIEVE study.
  - Physical activity research - Join Us: Move Play (JU:MP) programme – publication of findings evaluating the impact of the programme on children's health.

- **Community Based Health Promotion and Prevention**
  - Youth Resilience Programme
  - Health Promotion through Faith Settings in Bradford
  - BETTER4U (Preventing Obesity through Biologically and bEhaviourally Tailored inTERventions for You)

- **Healthy Places Research**
  - INGENIOUS – Indoor air quality
  - ATHLETE - focusing on interventions to reduce urban and chemical exposures
  - Healthy Homes - Evaluating the indoor environment, health, carbon emission, and economic outcomes of retrofitting social housing properties to improve energy efficiency in a low-income multi-ethnic population

- **Pregnancy and early years research**
  - The Multimorbidity and Pregnancy: Determinants, Clusters, Consequences, and Trajectories (MuM-PrediCT) - this initiative aims to use data-driven methods to explore the causes and effects of pre-existing multimorbidity in pregnant women, with the goal of predicting and preventing MM and its associated negative outcomes for both mothers and their children.
  - MIREDA (Mother and Infant Research Electronic Data Analysis) - this partnership involves individuals and datasets from six UK research programmes focused on maternal and infant health.

Osbourne-Sheridan
26/09/2025 11:

- **Our research centres**
  - Healthy Urban Places

- The Bradford Centre for Qualitative Research
- Better Start Bradford Innovation Hub
- Improvement Academy
- Academic Unit for Ageing and Stroke Research

- **Clinical Research**
  - Commercial Research Delivery Centre - officially started on April 2025 and has started to take shape, with a number of workstreams now established and operational
  - Clinical Research Specialty News

Osbourne Sheridan
26/09/2025 11:58:31

Bradford Teaching Hospitals
NHS Foundation Trust

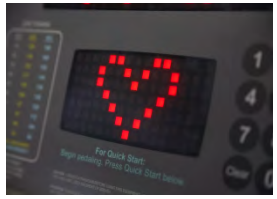
Research Activity in the Trust

Michael McCooe

Deputy Director of Research





Report Highlights

Bradford Teaching Hospitals NHS Foundation Trust

- **Top recruiting trust in the country!**
- Huge NIHR Infrastructure at BTHFT
- NIHR Yorkshire and Humber Applied Research Collaboration
- Secure Data Environment and broader data assets
- Research estate expansion
- Yorkshire Quality and Safety Research team performing a national evaluation of Martha's Rule

Osbourne Sheridan
26/09/2025 11:58:31

Funding

Bradford Teaching Hospitals
NHS Foundation Trust

- £4.5 million Wellcome funding for BiBBS achieve
- £7.4 million from UKRI for Healthy Urban Places
- £2 million NIHR Research Professorship
- £1.3 million NIHR clinical research facilities funding
- NIHR & Bradford Hospitals Charity funding for MRV
- NIHR funding of £2.2 million for research on Safe Use of Medicines
- £12 million funding for the NIHR YHARC

Osbourne Sheridan
26/09/2025 11:58:31

Our Trust & People

Bradford Teaching Hospitals NHS Foundation Trust

- Age of Wonder - 30,000 Bradford teenagers
- BiBBS achieve – addressing inequalities of 5500 children
- JUMP – Join Us: Move Play – world leading results
- Pregnancy and Early Years – MuM-PrediCT, MIREDA, BaBi, MEaCC, BAMBINA, PSC
- Child of the North Report
- Electronic Frailty Index
- Special Educational Needs
- Working together for our citizens and our wider teams

Osbourne,Sheridan
26/09/2025 11:58:31

Thank you

Osbourne,Sheridan
26/09/2025 11:58:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.15a

Committee Escalation and Assurance Report

Report from the: Finance and Performance Committee

Date of meeting: 17 September 2025

Key escalation and discussion points from the meeting

Alert:

Month 5 Finance Update
The Committee gave full consideration to detailed written and verbal reports from the Chief Financial Officer. As the CFO will also report the position at the Board on 25 September it is not proposed to provide detail here, other than to ask the Board to assess carefully the reported risk of £16m - £27m, before mitigations, to delivery of the annual plan. As the mitigations were significantly dependent on the Closing the Gap programme, and the Committee noted the current shortfalls in this programme, the Committee would continue to closely monitor progress. Mitigations through other in year savings were noted but as these were typically non-recurrent in nature, the Committee welcomed the CFO's zero based budgeting approach for 2026/67.

High Level Risks
Two new High level Risks were noted, although one was a restatement of the previous risk re waiting times in A&E. Both these risks will be included in the Board risk report on 25 September.

Operational Performance
The Committee welcomed the enhancement to operational performance reporting, which included a clear headline summary and exception report. Again, reports will be provided to the Board, but the Committee noted the year end risk in delivering the 6 week Diagnostic waiting time plan, the in month 12 hour length of stay in ED and early warnings on the RTT total waiting list size.

Internal Audit Report – Discharge Management
As he had at the Audit Committee, where progress against agreed actions will be monitored, the Director of Operations advised on the actions being taken in response to this limited assurance internal audit report.

Advise:

Operational Performance
The Committee noted the reports and specialty detail on amber rated KPIs: RTT 52 weeks, elective activity and the increase in follow up outpatient activity whilst new appointments are static. Early warning narrative was provided on the 62 day cancer backlog where the Committee noted the weekly oversight in Skin and Lower GI and a capacity and demand exercise within Endoscopy.

Oskar Sheridan
26/09/2025 11:58:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.15a

Health and Safety / Security
The Committee received the Annual Health and Safety Report 2024/25 and the Annual Security Report 2024/25. Both reports were comprehensive and, as might be expected, highlighted good progress in some areas but a range of existing and emerging issues that will need attention in the action plans presented. Both reports will be presented to the Board. The Committee recommended that, as many health and safety and security issues impact on, and are of concern to staff, the People Academy should consider receiving periodic reports on both areas as they apply to staff.

Accommodation
A report on staff accommodation was received and the Committee noted the poor occupancy levels in some units due to the facilities offered. The Committee was advised of, and welcomed, the medium and longer term thinking being developed.

Estates dashboard
The recently developed, and developing, Estates performance dashboard, was received and showed good performance against target on a wide range of operational delivery KPIs. The Committee will work with the Director of Estates to agree second line assurance on the KPIs and stretch targets to further improve performance. The Director of Estates highlighted the underperformance on the sickness and appraisal performance indicators and advised that he was well sighted on this and working to improve the position.

Referral to Treatment Plan
The Committee received a presentation on the Operational Improvement Plan for referral to Treatment performance which noted the improvements already made, further business as usual enhancements planned and the approach to wider transformation.

Insourcing Contract
Due to the delay in opening the St Lukes Day Case Unit a proposal to insource additional capacity and explore additional capacity in other Trusts across West Yorkshire was received. The proposal was supported for final approval by the Board, where a paper will be received so no further detail is presented here.

Assure:

The Committee was assured by the quality of the work presented on a range of important issues and plans and agreed with all the recommendations made. These were:

- Winter Operational Plan (including the Board assurance Statement Winter plan)
- The Emergency Preparedness, Resilience and Response submission
- A finance contract update
- A procurement update
- A presentation on costing, where the Committee noted the importance of continued development of the use of the information generated within the Trust
- The new national oversight framework

Osbourne Meridan
26/09/2025 11:58:3

Report completed by:
Bryan Machin, Committee Chair and Non-Executive Director, 19 September 2025

BOARD OF DIRECTORS MEETING IN PUBLIC			
Meeting Date:	25/09/2025	**Agenda Reference:**	Bo.9.25.15b
Report Title:	Month 5 Finance Report to Finance & Performance Committee		
Presented by:	Ben Roberts, Chief Finance Officer		
Executive Lead:	Ben Roberts, Chief Finance Officer		
Author:	Amy Denning, Assistant Director of Finance, Michael Quinlan, Deputy Director of Finance, Chris Smith, Deputy Director of Finance		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐

Summary of Key Issues/Highlights:

- In Month 4, the Trust's Income & Expenditure plan (I&E) was changed from the original £17m deficit to a £2.7m deficit plan. This improvement was due to the West Yorkshire Integrated Care Board (the ICB) replacing £5.7m of NHS England (NHSE) Deficit Support Funding with £14.7m of ICB system funding (net £9m improvement) and the Board's agreement to increase the Trust's efficiency target by £5.3m based on system collaboration aspirations.

- The Trust is reporting a year to date I&E position worse than plan by £1.1m at month 5, with an actual deficit of £9.7m compared to a planned deficit of £8.6m. This is due to the impact of the recent industrial action on both expenditure and income (£0.65m), and an under-delivery on Elective Recovery Funding (ERF) income in August (£0.45m).

- The capital programme is line with the revised plan at month 5. Year to date spend mainly relates to the Endoscopy Programme (£8.5m) and Outstanding Maternity (£2.3m).

- The closing cash position (£21.5m) is £5.2m more than the revised plan (£16.3m) which is mainly due to the higher I&E working capital (debtors and creditors) being more than planned.

- The income and expenditure cash position is £8.1m better than plan at month 5, but the Trust continues to report a year to date shortfall on the Closing the Gap (CTG) program which is being offset by non-recurrent means.

- NHS England has introduced a new cash regime, effective from August 2025. The key principles underpinning this approach were outlined at the F&P committee.

- The CTG program is behind plan at month 5, and although schemes have been recorded on the CTG tracker for the CSUs' full £25m share of the £38.3m target, the profiling and risk adjustments to the delivery of these schemes differs to the initial plan profile and presents risks to delivery.

- The Trust is formally reporting its best-case financial forecasts to West Yorkshire Integrated Care System (WY ICS) and NHSE. From an I&E

Osbourne.Sheridan 26/09/2025 11:58:31

	perspective this is the required £2.7m deficit and full delivery of the £38.3m CTG target. • It is expected the Trust will fall below its financial plan before Month 8 without action based on the current run rate. • The Trust is forecasting having a £11.4m cash balance under the best case forecast scenario at the year end and under this best case scenario would not require cash support. • In the likely case I&E forecast, cash support would be required in year, with the requirement projected to be increasing from December onwards. • NHS West Yorkshire Integrated Care System's (the ICS) consolidated month 5 position is not yet available. At month 4, the system reported an aggregate £37m I&E deficit position which was £12m worse than the £25m year to date (YTD) deficit plan. Of this adverse YTD variance, £3m related to ICB positions and £9m was related to provider positions. • The formal ICS forecast at month 4 was delivery of the planned £15m aggregate deficit by year end.
Recommendation/s: (including any decision/approval required)	The Finance & Performance Committee is asked to: 1. Note the content of this report
Link to Strategic Objective:	Sustainability - To deliver our financial plan and key performance targets
Link to Priority Initiatives 2025/26:	Closing the Gap 2025/26
Implications	
Risk:	Provides an update relevant to Strategic Objective 2 on the Board Assurance Framework, Reference no 6. **Strategic Risk: If** we and/or our Integrated Care System (ICS) partners in aggregate fail to deliver our financial plan in the short and medium term, including failure to secure an adequate capital funding allocation, **then** we may fail to maintain financial stability and sustainability, we may have insufficient internal cash and liquidity to support ongoing day to day expenditure and to support the necessary revenue and capital investments required to maintain safe and sustainable services and to support the corporate strategy, **resulting in** reduced ability to meet demand, develop services and to maintain / improve the safety and quality of care, impaired patient experience, an increased likelihood of system intervention and / or regulatory action including the potential loss of decision making autonomy and a negative impact on the Trust's reputation.
Legal/Regulatory:	Requirement from NHSE to deliver the financial plan
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A

Document is Restricted

Environmental sustainability:	N/a
Assurance Route	
Meeting/s where content has been discussed previously:	N/A

Osbourne Sheridan
26/09/2025 11:58:31

Board of Directors – Open			
Meeting Date:	25 September 2025	**Agenda Reference:**	Bo.9.25.15c
Report Title:	Operational Performance Report		
Presented by:	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive		
Executive Lead:	Sajid Azeb, Chief Operating Officer & Deputy Chief Executive		
Author:	Carl Stephenson, Associate Director of Performance		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐

Summary of Key Issues/ Highlights:

Headline KPI summary page:

- In month and YTD performance presented in the context of 2025/26 planning commitments and the latest benchmarking from the NHS Oversight Framework where available.
- Year end forecasts are derived from current performance, trends, and the measurable actions that are planned and will impact on the KPI within these timescales.

Headline KPI exceptions:

- DM01 6-weeks: In month deterioration in Non-Obstetric Ultra-sound (NOUS) due to delay in start for insourcing, and for Neurophysiology due to a short-term loss of capacity. Recovery plans are in place for each modality, but delays and ongoing challenges make full recovery to 95% by year end unlikely. More detail available on slide 14 of the highlight report.
- RTT 52-weeks: Deviation from plan due to pressure within Respiratory, with the RTT total waiting list trend also a concern. Rated amber as recovery/ improvement plans still being confirmed as they carry a potential cost pressure. Detail covered in operational excellence report.
- Elective Activity: Deviation from plan relates to capacity challenges in Plastics and Pain Management, alongside the delay to the opening of the DCU which has only been partially mitigated. Full recovery will require additional spend so rated amber.
- Outpatient Transformation: Follow up activity has increased whilst new appointments are static. Longer term pathway transformation and an expectation that the growth in follow ups is a short-term requirement aligned to RTT waiting list reductions may reverse the trend but full recovery to plan will be difficult.
- Ambulance Handover: Previously rated amber but sustained improvement in performance mean year end average performance now expected to meet plan.

In month exceptions/ early warning metrics:

- 12-hour Length of Stay in ED: This KPI and to a lesser extent the 4-hour ECS KPI have been impacted by higher bed occupancy and increased ward spells delaying some admitted pathways from ED. The change in flow metrics relates to the junior doctor handover in August and will improve into September.
- RTT Total Waiting List (TWL) size: TWL is above plan which will make future RTT performance deteriorate. Deep dive into specific services undertaken and pans in place to support Plastics, Vascular, Pain Mgmt.,

Osbourne.Sheridan
26/09/2025 11:58:31

Respiratory, and Paediatrics. Recovery to plan for these areas will reduce the TWL to below target.
- 62-day backlog: Patients waiting greater than 62-days is significantly above the level needed to support delivery of 75% performance in future months. Weekly oversight is in place to help reduce the backlog in Skin and Lower GI, with a capacity and demand exercise also underway to help understand and improve pressure within Endoscopy.

Appended highlight reports:

Ambulance Handovers:
- Overall turnaround time has improved during both July and August with reductions in both handover and crew clear times observed. Performance is now ahead of plan which we hope to sustain through our winter plans.
- Significant work is scheduled to commence in late September, with YAS and BTHFT working in partnership to eliminate all handover delays exceeding 45 minutes.
- Handover processes have been reviewed, and both BTHFT and YAS staff have received refresher training to ensure proper adherence, including accurate logging of handover times.

Emergency Care Standard (ECS) and ED Performance:
- Daily attendance has reduced over the summer period and overall ECS performance remained in line with plan.
- The AECU continues to positively impact on ED and hospital admission metrics with 12-hour length of stay performing in line with plan.
- The Acute Care programme (EXCEL) which will aim to improve patient and staff experience, patient flow and address overcrowding continued to progress engagement events during the last month.
- BTHFT is also exploring potential benefits of using FirstNet Model Content with a plan to implement in October 2025.

Length of Stay (LoS) and Discharge Pathways:
- Total G&A bed occupancy for August was in line with plan but Adult occupancy increased.
- A new LoS process has now been implemented utilising Consultant, Complex Discharge Lead & Patient Flow Clinical Lead support, which aims to support wards to challenge existing processes and implement alternative solutions to improve early discharge.
- Longer LoS (>21 days) position remains positive and is being sustained at the lowest levels since 2021, in part due to improvements being made in P1 discharges and H-FAST. Discussions are still ongoing regarding the onboarding of the Optica system (to support joined up integrated discharge arrangements and reporting).
- Patients with No Criteria To Reside (NCTR) as a percentage of occupied beds remains at the improved levels whilst the average delay post Discharge Ready Date (DRD) is also ahead of plan.

Referral to Treatment (RTT) and Waiting List Management:
- RTT performance reduced slightly in August to 65.63% but remains ahead of plan. The RTT waiting list size continued to increase in August with level of clock starts stable. The increase in overall waiting list size will put pressure on future performance, unless clock stops are increased. A deep dive identifying which specialties require action and advising on the options available has been completed to support this.

Osbourne,Sheridan
26/09/2025 11:58:31

- The number of patients waiting over 52 weeks continues to increase due to ongoing issues in Respiratory Medicine. Recovery plans are being intensively supported by colleagues within the Senior Operations Leadership Team.
- There was 1 wait over 65 weeks in August (1 corneal graft).
- Confidence in the RTT waiting list, as expressed nationally via the Luna Dashboard, remains high at 99.73% in August 2025, this is the best position ever reported for the Trust. The number of DQ errors on RTT PTL reported on LUNA Dashboard remain low at 660.

Inpatient and Outpatient Productivity:

- Inpatient activity remains impacted by the delayed opening of the DCU. Weekend lists are running to mitigate the delay.
- Theatre efficiencies aiming to increase the number of lists run and the number of patients per list continue to progress into 2025/26 as a key part of our operational excellence plan with productivity targets aligned to national analysis and the operational planning trajectories set with NHSE.
- Outpatient activity delivered slightly above plan again in August, although the percentage that are new or with procedure is reducing and remained behind plan.
- PIFU use continues to improve but increasing follow up demand remains an issue and the number of RTT clock stops also dropped.
- We are addressing these trends though Outpatient Transformation which is focussed on service led pathway redesign supported by digital advancement and alignment of support processes.
- A straight to Advice & Guidance trial with Paediatrics is underway with LMC support and several other services ready to follow. This will increase A&G revenue whilst also reducing demand for new appointments.
- Clinical engagement is planned for the next Hospital Management Group. EPR and RTT training plans are being developed alongside this engagement strategy, supported by expert teams.

Diagnostic waiting times:

- DM01 performance continues to deteriorate and remains a concern with ongoing challenges in Audiology, Non-Obstetric Ultrasound and Neurophysiology. Significant improvements can be noted this month in Echocardiography with recovery expected by year-end. Activity is also below plan despite the CDC continuing to provide capacity for all commissioned modalities.
- All recovery and long-term sustainability plans have been reviewed since last meeting and additional assurance sought from the operational leads for each area on the associated timescales.

Cancer Wait Times:

- The 28-day faster diagnosis standard (FDS) performance remained above target at 81.6% in July.
- Work on MDT streamlining continues, which is targeting objectives to improve this stage of the patient pathway along with a system wide focus on improvements for notifying patients of a benign cancer diagnosis and improving reporting processes.
- 62-day performance remained above trajectory at 74.3% in July but is showing deterioration in August with growth in waits over 62 days.
- 62-day breaches were predominantly due to complex diagnostic pathways; patients needing multiple investigations and/or MDT discussions before a treatment can commence; patient compliance (mainly in gynaecology and urology); and delays in reporting histology.

Osbourne,Sheridan
26/09/2025 11:58:31

Recommendation/s: (including any decision/approval required)	*The Board is asked to:* 1. Receive assurance that overall delivery against performance indicators is understood. 2. Note the escalation of areas of underperformance and be review the improvement actions.
Link to Strategic Objective:	Sustainability - To deliver our financial plan and key performance targets
Link to Priority Initiatives 2025/26:	Choose an item.
Implications	
Risk:	This paper demonstrates our understanding of the KPI that underpin our short-term response and shape our longer-term plans related to delivering improvement within item 7 of the BAF.
Legal/Regulatory:	The operational priorities covered by this report include those which form part of NHSE contract, annual planning, and performance assessment frameworks.
Quality & Patient Safety:	Failure to deliver improvements in the KPI covered by this report in line with our agreed plans will have a direct impact on patient experience and outcomes related to timely access to services.
Equality, Diversity and Inclusion and Health Equity:	Failure to address issues or deliver the improvements outlined for 2025/26 may have a disproportional impact on some communities and demographics where access to services correlates with poorer long-term health outcomes.
Resources:	
Environmental sustainability:	
Assurance Route	
Meeting/s where content has been discussed previously:	This report aligns to the performance and accountability framework and specifically the operational performance domain of the balanced scorecard. This report has been informed by and the content discussed at the various meetings set out in this framework for overseeing and improving performance. Presented to Finance & Performance Committee on 17/09/2025.

Osbourne.Sheridan
26/09/2025 11:58:31

Bradford Teaching Hospitals
NHS Foundation Trust

Operational Performance Highlight Report

Board of Directors - Open

August 2025 Performance






Headline KPI Summary

Bradford Teaching Hospitals NHS Foundation Trust

Headline KPI	Latest Month	BTHFT Plan	Month Perf.	3-Month Trend	Q1 NOF Rank	YTD Perf.	Year End Target	Year End RAG
Avg. Ambulance Handover	Aug-25	21:23	19:40	↓	N/A	21:14	21:23	G
Emergency Care Standard	Aug-25	83.00%	82.97%	↑	12 of 123	83.07%	83.00%	G
12 Hour Length of Stay in ED	Aug-25	7.50%	7.84%	↑	39 of 123	7.07%	7.99%	G
Length of Stay ≥21days	Aug-25	82	75	↓	N/A	76	82	G
Average Delay Post DRD	Aug-25	3.9	3.4	·	11 of 117	3.5	3.8	G
18 Week RTT Incomplete	Aug-25	65.15%	65.63%	↓	29 of 131	-	66.70%	G
18 Week RTT Incomplete vs Plan	Aug-25	-	+0.48%	·	41 of 131	-	-	-
52 Week RTT Incomplete	Aug-25	0.64%	0.71%	↑	16 of 131	-	0.66%	A
52 Week Community Waits	Jul-25	-	0.09%	·	23 of 80	-	-	-
%age New & OPPROC of OPA	Aug-25	46.56%	42.66%	↓	N/A	43.71%	46.56%	A
Elective Activity vs Plan	Aug-25	100.00%	100.12%	↑	N/A	95.11%	100.00%	A
6 Week Diagnostic Standard	Aug-25	88.88%	67.86%	↓	N/A	-	95.00%	R
Cancer 28 Day FDS	Jul-25	80.00%	81.58%	↓	10 of 118	82.55%	80.00%	G
31 Day General Treatment	Jul-25	93.00%	94.09%	↑	N/A	94.86%	93.00%	G
Cancer 62 Day General Treatment	Jul-25	73.79%	74.32%	↑	50 of 118	72.25%	75.25%	G

Osborne-Sheridan 26/09/2025 11:58:2

Red performance = not meeting plan; **Green** performance = meeting or exceeding plan

Red arrow = trend is a deterioration; **Green** arrow = trend is an improvement

NOF rank: **Red** =worst quartile; **Amber** = 2nd worst quartile; **Light Green** = 2nd best quartile; **Green** = best quartile

Year end: **Red** = unlikely to meet target; **Amber** = recovery planned but not certain; **Green** = expected to meet target

Exception Report

Bradford Teaching Hospitals NHS Foundation Trust

Headline KPI – Year End Forecasts

DM01 6-weeks:
In month deterioration in Non-Obstetric Ultra-sound (NOUS) due to delay in start for insourcing, and for Neurophysiology due to a short-term loss of capacity. Recovery plans are in place for each modality, but delays and ongoing challenges make full recovery to 95% by year end unlikely. More detail available on slide 14 of this pack.

RTT 52-weeks:
Deviation from plan due to pressure within Respiratory, with the RTT total waiting list trend also a concern. Rated amber as recovery/ improvement plans still being confirmed as they carry a potential cost pressure. Detail covered in operational excellence report.

Elective Activity:
Deviation from plan relates to capacity challenges in Plastics and Pain Management, alongside the delay to the opening of the DCU which has only been partially mitigated. Full recovery will require additional spend so rated amber.

Outpatient Transformation:
Follow up activity has increased whilst new appointments are static. Delivery and recording of OPPROC has regressed and this is being picked up directly with services. Longer term pathway transformation and an expectation that the growth in follow ups is a short-term requirement aligned to RTT waiting list reductions may reverse the trend but full recovery to plan will be difficult.

Ambulance Handover:
Previously rated amber but sustained improvement in performance mean year end average performance now expected to meet plan.

Headline KPI – In Month

12-hour LoS in ED:
This KPI and to a lesser extent the 4-hour ECS KPI have been impacted by high bed occupancy and increased ward LoS delaying some admitted pathways from ED. The change in flow metrics relates to the junior doctor handover in August and will improve into September.

Sub-metrics / Early Warnings

RTT Total Waiting List (TWL) size:
TWL is above plan which will make future RTT performance deteriorate. Deep dive into specific services undertaken and pans in place to support Plastics, Vascular, Pain Mgmt., Respiratory, and Paediatrics. Recovery to plan for these areas will reduce the TWL to below target.

62-day backlog:
Patients waiting greater than 62-days is significantly above the level needed to support delivery of 75% performance in future months. Weekly oversight is in place to help reduce the backlog in Skin and Lower GI, with a capacity and demand exercise also underway to help understand and improve pressure within Endoscopy.

Osborne, Sheehan 26/09/2025 11:58:31

Appendix A

Headline KPI Highlight Reports

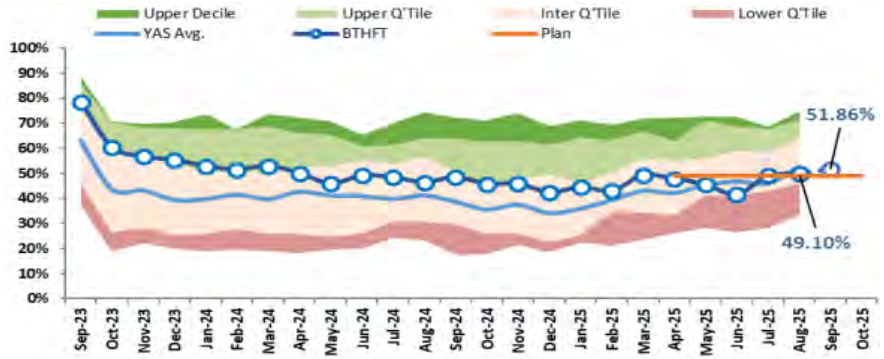
Osbourne Sheridan
26/09/2025 11:58:31

1. Ambulance Handover Performance

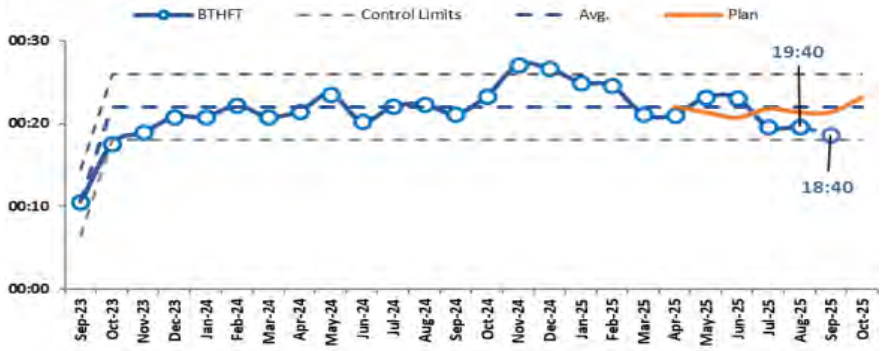
Bradford Teaching Hospitals NHS Foundation Trust

Objective: Reduce Ambulance Turnaround Time

1.1 Ambulance Performance Benchmarked *(Source: YAS)*



1.2 Average Ambulance Handover Time *(Source: YAS)*



1.3 Additional Ambulance Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Avg. Daily Arrivals -	105	111	114	121	107	109	104	112	87	111	111	106	104
Avg. Handover Time (MM:SS) -	21:10	23:20	27:05	26:36	24:57	24:33	21:10	21:01	23:10	23:06	19:39	19:40	18:40
Avg.Crew Clear Time (MM:SS) -	28:44	28:43	29:50	30:13	30:21	29:11	28:17	29:20	28:18	27:30	26:28	27:02	26:38
Total Turnaroud Time (MM:SS) -	49:54	52:03	56:55	56:49	55:18	53:44	49:27	50:21	51:24	50:36	46:07	46:42	45:18
% <60 mins -	96.0%	93.7%	91.8%	91.3%	93.1%	93.4%	96.1%	95.6%	94.7%	95.5%	97.8%	97.3%	99.9%
% Handover <45 Mins -									89.7%	89.8%	94.4%	93.8%	95.2%
% Turnaround <45 Mins -									44.3%	44.6%	53.4%	51.9%	59.1%

Latest position

- Performance for 15-minute handovers as reported by Yorkshire Ambulance Service (YAS) was 49.10% in August compared to 49.03% in July. Overall turnaround time has started to improve during both July and August with reductions in both handover and crew clear times observed.
- Significant work also begins on 29th September with YAS and BTHFT working in partnership to eradicate all 45min handover breaches (currently ~6% of handovers breaches are recorded as >45 minutes)
- Whilst YAS data remains unvalidated, data reviewed by BTHFT indicates only 3% of handovers breach 45 minutes
- BTHFT will adopt the YAS Transfer of Care SOP, requiring crews to hand over patients to the AAA clinician after 45 minutes, after which YAS staff will leave. The aim is to reduce delays for 999 callers by freeing up ambulance crews waiting at hospitals, improving response times, community safety, and patient experience. AAA nurses will be briefed on the changes. BTHFT is working with YAS and learning from other trusts to ensure a smooth, disruption-free rollout.

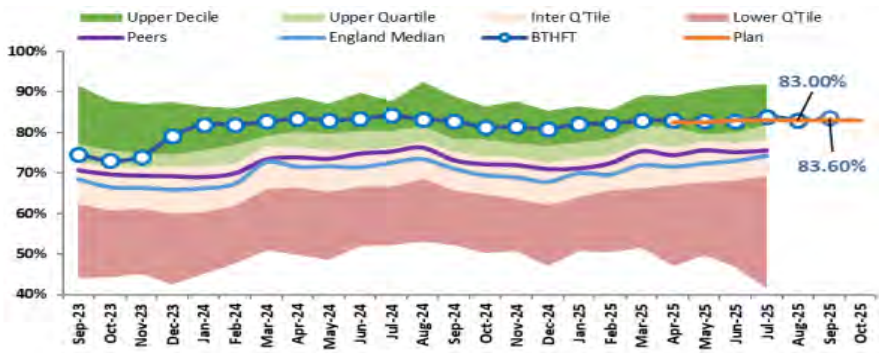
Quality Committee 18/09/2025 - Item 5861

2. Emergency Care Standard (ECS)

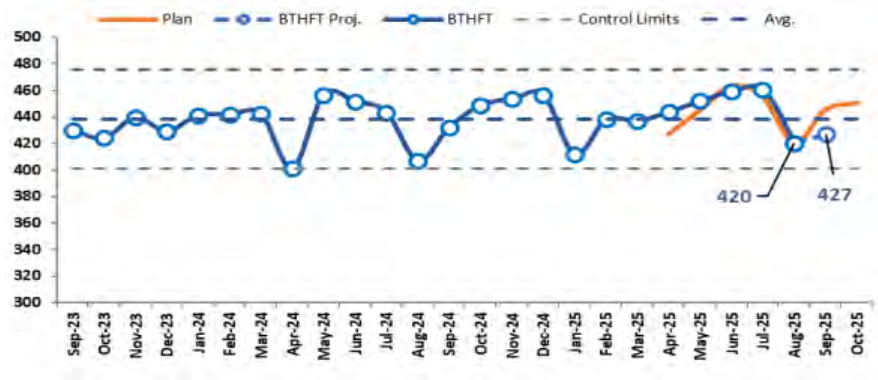
Bradford Teaching Hospitals NHS Foundation Trust

Objective: Sustain ECS performance

2.1 ECS Performance Benchmarked *(Source: NHSE for Acute & Combined Trusts)*



2.2 Average Daily Attendances (Type 1, 2 & 3) ***(Source: EPR)***



2.3 Additional Emergency Department Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Type 1 Performance -	74.6%	73.2%	73.4%	73.1%	74.3%	74.7%	75.1%	74.8%	74.3%	74.7%	76.2%	74.7%	76.4%
Arrival to Assessment -	00:20	00:23	00:22	00:23	00:19	00:19	00:16	00:17	00:20	00:19	00:17	00:17	00:16
Assessment to Treatment -	02:39	02:51	03:09	03:08	02:51	03:15	02:50	02:45	02:56	03:02	03:00	03:18	02:49
Treatment Length -	02:39	02:45	02:47	02:52	02:57	02:53	03:47	02:40	02:43	02:36	02:30	01:55	01:45
% Patients Streamed -	44.6%	43.8%	44.6%	43.8%	46.1%	45.1%	46.4%	46.2%	46.6%	46.2%	47.6%	47.1%	48.7%

Latest position

- Daily attendance has reduced over the summer period with overall ECS performance remaining in line with plan.
- The expanded GP stream, supported by a primary care ANP, streamer and receptionist is in place providing rapid assessments into the primary care services. Additional GP stream capacity was organised to support the surge in the department. These changes have provided the resilience needed to manage periods of high demand for patients who would have previously been delayed by hospital pressures despite not needing an admission to a hospital bed.
- A workforce review of the emergency medicine medical staffing remains in progress, analysing demand and activity compared to current establishment. BTHFT has recruited 4 consultants (3 permanent, 1 fixed-term) and 3 staff grades (1.8 WTE) to strengthen resilience and senior decision maker coverage.
- Calderdale and Huddersfield NHS Foundation Trust's (CHFT) streaming model has shown ECS gains, and learning has been shared. Estate layout is a key factor and will inform the EXCEL programme. A similar model will be trailed on 8th September for 2 weeks and associated metrics will track progress and inform a future model for BTHFT.
- BTHFT is also exploring potential benefits of using FirstNet Model Content with a plan to implement in October 2025.

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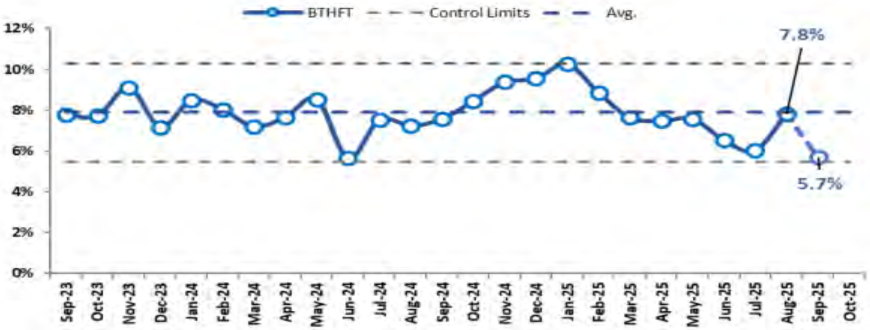
3. Emergency Department (ED) Length of Stay

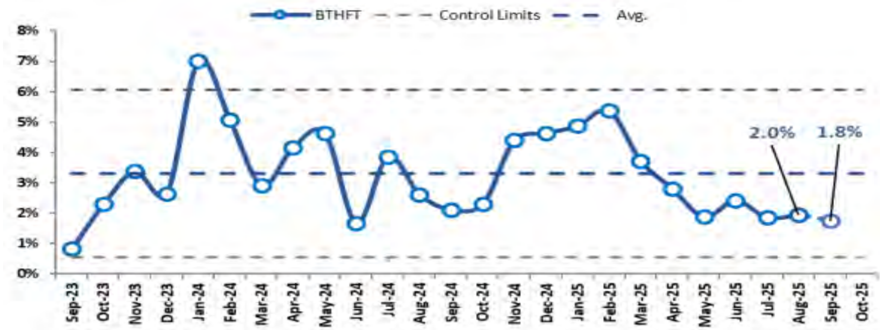
Bradford Teaching Hospitals NHS Foundation Trust

Objective: Improve Patient Experience in ED

3.1 % Patients with a 12 Hour LoS (as % of Type 1 Attendances)



3.2 % >12 Hour DTA to Admit



3.3 Additional Admission Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Avg. # Daily Admissions -	86	87	88	88	81	83	84	84	84	87	88	84	82
Avg. Wait DTA to Admit -	04:26	04:51	05:49	05:53	06:22	05:36	05:15	04:53	05:02	04:32	04:30	05:06	05:45
LoS (Admitted P'ts) -	07:02	07:33	08:25	08:21	08:35	08:07	07:21	07:09	07:27	07:06	06:46	07:31	06:59
LoS (Discharged Pts) -	03:04	03:08	03:08	03:12	03:05	03:09	03:01	03:03	03:05	03:02	02:52	02:00	02:12
LoS (Admitted & Discharged Pts) -	03:55	04:04	04:14	04:15	04:15	04:10	03:55	03:53	03:58	03:52	03:40	03:49	03:24
% Patients Admitted -	21.6%	21.0%	20.7%	20.6%	21.2%	20.3%	20.9%	20.5%	20.2%	20.6%	20.4%	21.0%	20.7%

Latest position

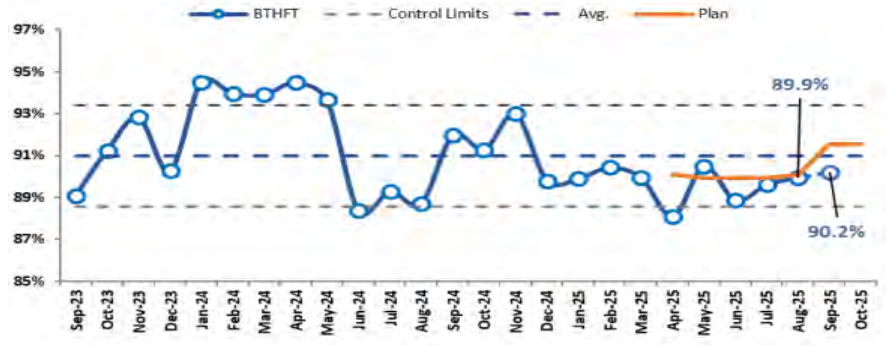
- Agency locums have been recruited to address staffing gaps in the AMU, and to support AECU and ED in-reach, with a focus on alternative care pathways and treatments to prevent unnecessary hospital admissions; further recruitment has been approved.
- However, despite this August has been challenging across all acute pathways because of the impact of the new rotation of the resident (formally junior) doctor workforce impacting several patient flow metrics. This issue has typically been temporary, and with the doctors who began in September now settling in, we expect to see improvement.
- The EXCEL programme is launching in Q2, aligning with the NHS 10-year plan. It aims to reduce overcrowding and enhance patient experience through a collective approach. Key initiatives will focus on reducing demand on Urgent and Emergency Care Services, decreasing length of stay, and improving the staff experience. Roadshows and engagement sessions with internal and wider system partners to gather support, ensure buy-in and collect insight to help shape our workstreams will take place. Discussions with patient groups, system partners, and other stakeholders have already shown an appetite for change and participation.
- The ED team continue to attend the operational site huddle twice a day, improving communication between the department and those facilitating ward flow, and the placement of patients waiting to be admitted from ED. This fosters a positive approach to problem solving and a better understanding of the shared challenges the teams face when the hospital is busy.

4. Inpatient Length of Stay (LoS)

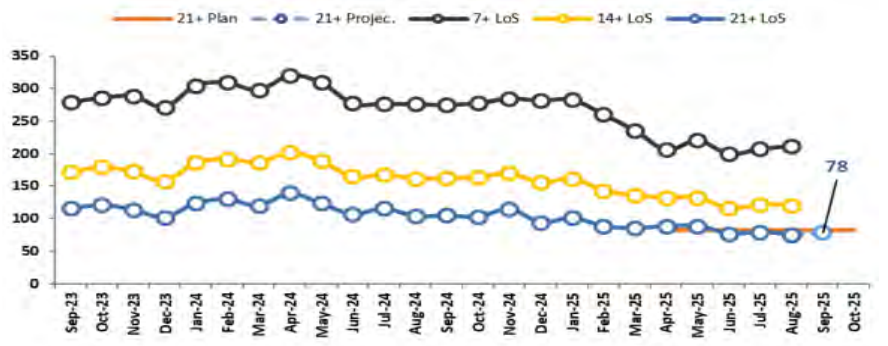
Bradford Teaching Hospitals NHS Foundation Trust

Objective: Maintain Hospital capacity for daily admissions

4.1 Bed Occupancy



4.2 Patient LoS Profile *(Source: EPR)*



4.3 Additional Inpatient LoS Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Avg. Inpatient LoS	4.5	4.4	4.5	4.6	5.0	4.5	4.3	4.9	4.3	4.2	4.6	4.8	4.4
% Patients Discharged <4PM	40.6%	41.9%	41.6%	39.9%	40.0%	40.4%	41.6%	40.1%	39.6%	38.5%	39.9%	39.9%	49.5%
# NEL Admissions	3,786	4,256	4,148	4,335	4,122	3,792	4,151	3,957	4,184	4,073	4,150	3,877	3,840
7+ LoS	275	278	285	282	283	260	236	206	220	200	207	212	218
14+ LoS	163	164	170	156	162	143	136	133	133	116	122	121	125
21+ Los	105	103	115	94	102	88	85	88	89	77	79	75	78

Latest position

- Total G&A bed occupancy for August remained stable (89.9%) compared to July (89.6%) which is in line with forecasted levels and aligned to improvements in length of stay and timely discharge, alongside the seasonal changes we expected.
- Bed occupancy has started to increase and although in line with plan it appears this is primarily due to an increase in patients with a LoS between 3-10 days caused by increased complexity (e.g drug, alcohol, homeless, multiple co-morbidities).
- Longer LoS (>21 days) position remains positive and is being sustained at the lowest levels since 2021, in part due to improvements being made in P1 discharges and H-FAST.
- A new LoS process has now been implemented utilising Consultant, Complex Discharge Lead & Patient Flow Clinical Lead support, which aims to support wards to challenge existing processes and implement alternative solutions to improve early discharge.
- Ward analysis has recently been undertaken within wards 22 & 23 (for Respiratory and Cardiology) to better understand constraints regarding length of stay and identify further opportunities for improvement.
- Discussions are still ongoing regarding the onboarding of the Optica system (to support joined up integrated discharge arrangements and reporting.

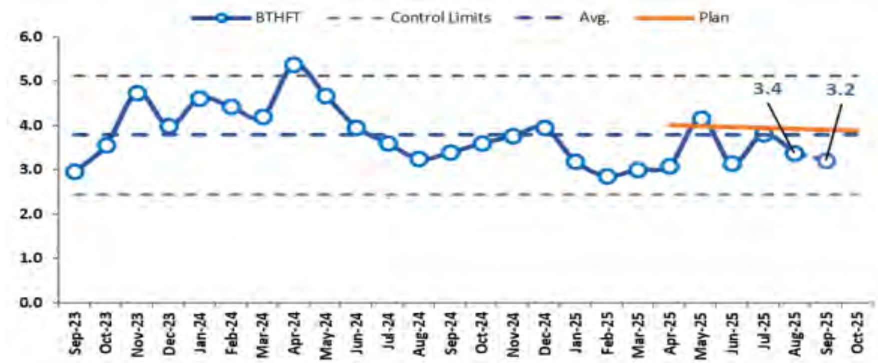
Document Classification: Official

5. Discharge Processes

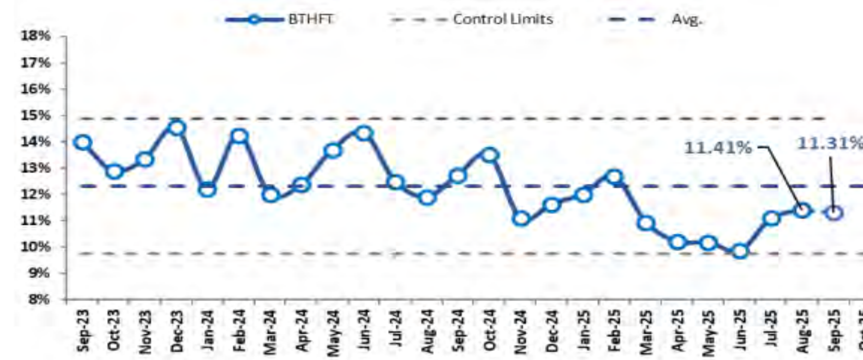
Bradford Teaching Hospitals
NHS Foundation Trust

Objective: Ensure Timely Discharge

5.1 Average Delay Past Discharge Ready Date



5.2 % Patients Not Meeting Criteria to Reside



5.3 Additional Inpatient LoS Metrics

		Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
% of Pts with Discharge Ready Date	-	97.2%	96.9%	96.9%	96.8%	96.6%	94.2%	94.5%	93.0%	93.0%	93.9%	93.7%	93.2%	91.9%
% of Pts Discharged on/before DRD	-	80.5%	80.5%	80.9%	79.7%	78.3%	80.4%	80.0%	79.7%	79.4%	79.1%	79.5%	77.6%	74.8%

Latest position

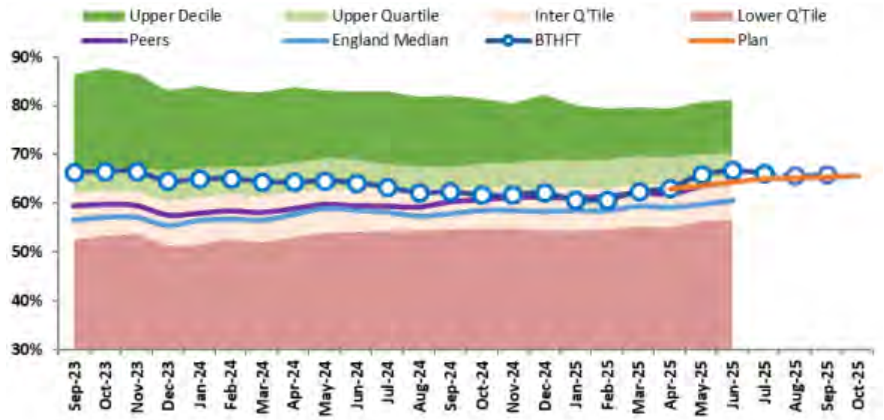
- Patients with No Criteria To Reside (NCTR) as a percentage of occupied beds remains at the improved levels whilst the average delay post Discharge Ready Date (DRD) is also ahead of plan.
- H-FAST discharges remain at 4 per day due to ongoing BEST team staffing constraints. Recruitment to expand therapy resources is expected to be fulfilled by the end of June 2025 – with start dates to be confirmed.
- The LoS post medical and therapy optimisation for pathway 1 continues to reduce. Inpatient therapy does remain a challenge and a review of capacity and demand has been completed; a paper on capacity and demand was submitted to ETM to understand and acknowledge the gaps and is expected to be followed by business case.
- A business case to increase the number of discharge coordinators on wards is now ready to submit to ETM – if signed this will provide 10 additional staff members to coordinate complex discharge…..
- Further supporting metrics for this objective are being developed in conjunction with the relevant operational teams and will incorporate planned changes to discharge processes and oversight.

6. Referral to Treatment (RTT)

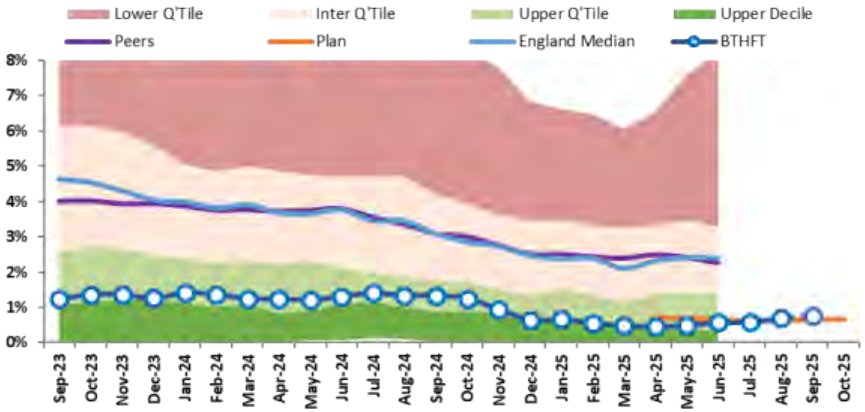
Bradford Teaching Hospitals NHS Foundation Trust

Objective: Deliver RTT Improvements

6.1 18 Week RTT Benchmarked *(Source: NHSE for Acute & Combined Trusts)*



6.2 52 Week RTT Benchmarked *(Source: NHSE for Acute & Combined Trusts)*



6.3 Additional RTT Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Waiting List Size	35,822	34,887	33,643	32,869	32,254	32,200	32,438	32,541	32,563	32,915	33,149	33,728	34,692
Waiting List Change		-935	-1,244	-774	-615	-54	+238	+103	+22	+352	+234	+579	+964
% New RTT Within 18 Weeks	68.3%	68.5%	67.3%	66.7%	65.0%	64.3%	65.5%	66.5%	69.2%	68.2%	68.6%	68.4%	67.9%
Incomplete (52+)	472	436	321	214	215	181	158	149	163	190	193	238	265

Latest position

- The RTT waiting list size continued to increase in August with level of clock starts stable. This is as a result of a reduction in clock stops due specialty–specific pressures which have been identified through a recent deep dive and are being addressed.
- The number of patients waiting over 52 weeks continues to increase due to ongoing issues in Respiratory Medicine and a reduction in activity in Trauma & Orthopaedics over the summer holidays. Recovery plans are being intensively supported by colleagues within the Senior Operations Leadership Team. The number of waits over 65 weeks remains low with only 1 patient awaiting a corneal graft (which is an accepted national supply issue). This patient is being treated and September and no breaches are currently projected for the end of September. Tight oversight processes remain in place to prevent an increase in breaches.
- A support services improvement programme is about to be launched and will aim to improve understanding and compliance with the Referral to Treatment (RTT) policy across support services in order to strengthen their role in overall delivery. This will be achieved through the standardisation of processes, targeted staff training, and the implementation of robust, data-driven monitoring systems. The four area in scope are Pre assessment, Theatres and the Central Patient Booking Service.

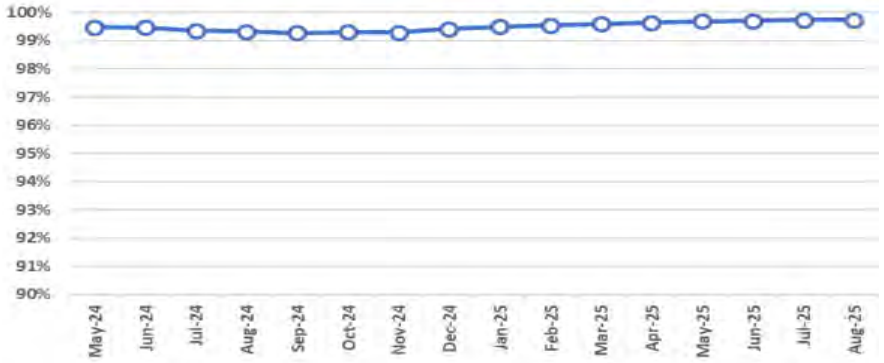
Public Board 6/10/2025 - 98/227

7. Waiting List Management and Validation

Bradford Teaching Hospitals NHS Foundation Trust

Objective: Reduce Errors to Improve Wait Times

7.1 RTT Waiting List Confidence Level



7.2 Correction Rate

7.3 Additional WL Management and Validation Metrics

		Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
RTT LUNA DQ Metrics	-	22,610	22,220	21,551	20,767	20,463	19,551	19,583	20,237	20,562	21,442	21,960	21,960	22,136
Correction Rate - Non RTT	-	11.49%	27.27%	34.86%	32.63%	22.84%	22.67%	14.00%	19.00%	33.92%	6.23%	7.36%	41.97%	23.36%
Non-RTT DQ Process Failures	-	13,702	13,602	13,336	12,876	12,406	12,703	12,617	12,201	11,979	11,121	10,955	11,189	11,592

Latest position

- Confidence in the RTT waiting list, as expressed nationally via the Luna Dashboard, remains high at 99.73% in August 2025.
- The number of DQ errors on RTT PTL reported on LUNA Dashboard remain low at 660 i.e. 1.93% of total waiting list size.
- The significant reduction in the number of DQ metrics on the RTT waiting list, this is due to targeted validation of incomplete pathways.
- Technical validation of process failures is underway with 10709 pathways corrected and 28225 pathways removed in the last 12 months by CAT. The team is now working on clearing remaining 1147 process failures created before March 2025.
- The Data Quality Intervention Specialist (DQIS) team is supporting with high DQ errors on RTT pathways including Urology, Cardiology, ENT, Dermatology, Gastro and Gynaecology. This includes RTT training of clinicians and ward staff.
- Text based validation of RTT and long waiting Non-RTT patients is being automated via the waiting list management tool.
- New structure of managing same day operations cancellations is being rolled out on the web-based waiting list management tool, this will provide services real time data to manage cancellations and rebook patients more quickly.
- Bi-Weekly meeting with services to support them in clearance and prevention of DQ issue remains in place.

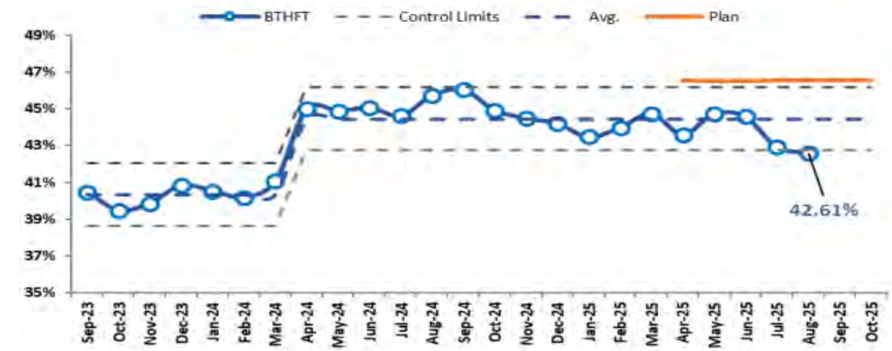
Page 11 of 16 - Integrated Performance Report

8. Outpatient Productivity

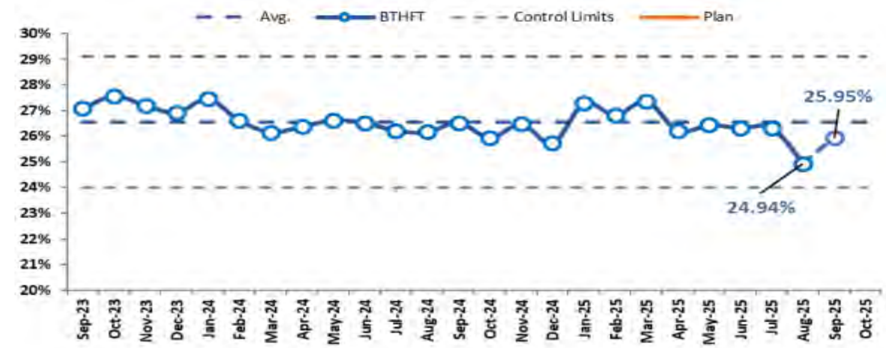
Bradford Teaching Hospitals
NHS Foundation Trust

Objective: Improve Non-Admitted Productivity

8.1 % OPA that are New or with Procedure *(Source: EPR)*



8.2 Clock Stops /DTAs per Outpatient Appointment



8.3 Additional Outpatient Metrics

		Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
% New vs Plan	-	108%	111%	104%	107%	99%	100%	108%	103%	101%	107%	102%	101%	103%
% Follow Up vs Plan	-	109%	112%	111%	118%	114%	117%	119%	116%	108%	113%	109%	111%	114%
DNA Rate	-	8.10%	7.96%	7.85%	8.07%	9.08%	7.56%	7.53%	7.82%	7.92%	7.77%	7.76%	8.54%	7.33%
Follow Up Orders	-	24,903	27,990	25,965	24,577	27,653	25,506	27,338	27,514	28,282	27,302	29,049	24,019	27,980
PIFU %	-	2.47%	2.36%	2.81%	2.46%	2.85%	3.78%	4.26%	4.49%	4.48%	4.41%	4.64%	4.37%	4.45%
PIFU % (including Therapies)	-	3.06%	2.97%	3.43%	3.01%	3.44%	4.66%	5.24%	5.44%	5.52%	5.19%	5.67%	4.88%	5.29%
First to Follow Up Ratio	-	2.5	2.5	2.6	2.6	2.7	2.7	2.6	2.8	2.7	2.6	2.7	2.7	2.8

Latest position

- The percentage outpatient appointments that are new or with procedure remain behind plan. A recent deep dive identified a reduction in procedures being recorded for Cardiology, Trauma & Orthopaedics and Plastic Surgery which will be investigated and remedied where possible. PIFU use continues to improve but increasing follow up demand remains an issue and will remain a focus throughout 2025/26. Alongside referral optimisation and waiting list validation this will form part of the approach to elective reform.
- Outpatient activity delivered above plan in August and is expected to remain above plan in September.
- Outpatient Transformation is focussed on service led pathway redesign supported by digital advancement and alignment of support processes. A straight to A&G trial with Paediatrics is underway with Neurology and Diabetes to follow.
- Pathway reviews supported by Accenture looking at EPR optimisation are in data collection phase.
- Service Improvement are setting up training, engagement and drop-in sessions to mobilise the use of model for improvement at a service level. This will move us from further faster action plans to PDSA cycles for specific change ideas.
- Clinical engagement is planned for the next Hospital Management Group which can now also reference the aligned to the 10-year plan. EPR and RTT training plans are being developed alongside this engagement strategy, supported by expert teams.

9. Inpatient Productivity

Bradford Teaching Hospitals
NHS Foundation Trust

Objective: Increase Elective Ordinary and Day Case Volumes

9.1 Elective Activity (day cases and ordinary) *(Source: EPR)*

9.2 Elective Activity in Theatre

9.3 Additional Inpatient Metrics

		Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Admitted Clock Stops	-	1,378	1,459	1,365	1,337	1,521	1,496	1,647	1,247	1,231	1,275	1,425	1,100	1,100
Daycase Rate	-	88.5%	88.6%	88.6%	88.3%	89.6%	88.4%	87.5%	88.1%	87.5%	87.7%	87.9%	86.5%	88.7%
Number of Lists Run	-	566	616	608	636	676	677	709	639	618	668	674	603	695
Patients Per List	-	1.9	2.0	1.6	1.7	2.0	1.9	2.0	2.4	2.0	2.0	1.9	2.0	2.0
Capped Utilisation	-	79.61%	85.29%	82.95%	74.74%	73.79%	72.82%	71.63%	74.60%	73.78%	72.59%	68.40%	76.25%	81.20%
Reportable Cancellations	-	37	48	22	47	77	45	31	35	46	31	69	52	48
28-day Rebooking Breaches	-	7	1	3	10	20	21	11	9	9	8	4	6	5

Latest position

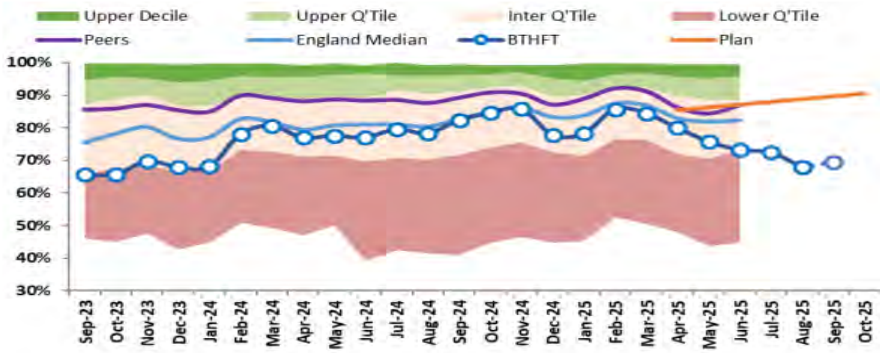
- Activity remains behind plan due primarily to the Day Case Unit delay. Mitigation includes weekend lists but activity is forecast to remain slightly below plan in September. Repatriation of Plastic activity from the independent sector also resulted in an initial reduction in activity with recovery plans still being implemented to support this specific waiting list challenge.
- A Theatre and Critical Care (TACC) module was added to our EPR in late November and services successfully migrated from Galaxy to this build. Reporting was impacted as a result but has now partially resumed. Work on developing a full theatre reporting suite continues.
- Early indications suggests utilisation has dropped during this period. Theatre efficiency improvement aiming to increase the number of lists run and the number of patients per list are a key part of our operational excellence plan with productivity targets aligned to national analysis and the operational planning trajectories set with NHSE.
- The Support Services improvement programme should also support improvements in coming months.

10. Diagnostic Waiting Times

Bradford Teaching Hospitals NHS Foundation Trust

Objective: Increase Activity to Reduce Delays for Diagnostic Tests

10.1 DM01 6-week Performance *(Source: NHSE for Acute & Combined Trusts)*



10.2 Diagnostic Activity vs Plan

10.3 Additional Diagnostic Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
(Phys. M'ment) Activity -	1,669	1,760	1,597	1,271	1,386	1,425	1,428	1,461	1,403	1,686	1,872	1,711	1,917
(Phys. M'ment) Performance	80.9%	79.1%	79.7%	69.7%	69.7%	76.5%	74.9%	69.2%	62.6%	56.6%	59.1%	60.5%	59.8%
(Imaging) Activity -	9,328	9,914	8,890	8,591	9,182	8,516	9,070	9,147	9,148	9,081	9,792	9,174	9,680
(Imaging) Performance -	81.5%	84.8%	85.5%	79.5%	79.3%	87.9%	86.9%	83.8%	81.2%	78.8%	76.3%	68.4%	70.2%
(Endoscopy) Activity -	1,411	1,425	1,501	1,403	1,625	1,537	1,546	1,484	1,455	1,437	1,714	1,437	1,533
(Endoscopy) Performance -	88.8%	89.4%	95.4%	81.2%	87.9%	91.9%	90.7%	85.4%	83.9%	80.6%	82.7%	82.5%	83.8%

Latest position

- DM01 performance continues to deteriorate and remains a concern with ongoing challenges in Audiology, Non-Obstetric Ultrasound and Neurophysiology. Significant improvements can be noted this month in Echocardiography with recovery expected by year-end. Activity is also below plan despite the CDC continuing to provide capacity for all commissioned modalities.
- All recovery and long-term sustainability plans have been reviewed since last meeting and additional assurance sought from the operational leads for each area on the associated timescales.
- Audiology recovery was impacted by additional sickness absence and mutual aid has only been available for Adults with referrals remaining closed for this cohort. Long term sustainability requires additional resource and a business case has been partially approved containing a proposed workforce model and phasing while a further option exploring collaboration through ABCAS is being explored. Recruitment for the initial phase is underway and overtime is in place to support Paediatric recovery.
- NOUS insourcing arrangements has commenced and should support the clearing the existing backlogs, although the position continued to deteriorate while going through the tendering process.
- An external contract for Neurophysiology is currently being set up as additional capacity planned via a locum hasn't covered sufficient growth in activity to help reduce the backlog.

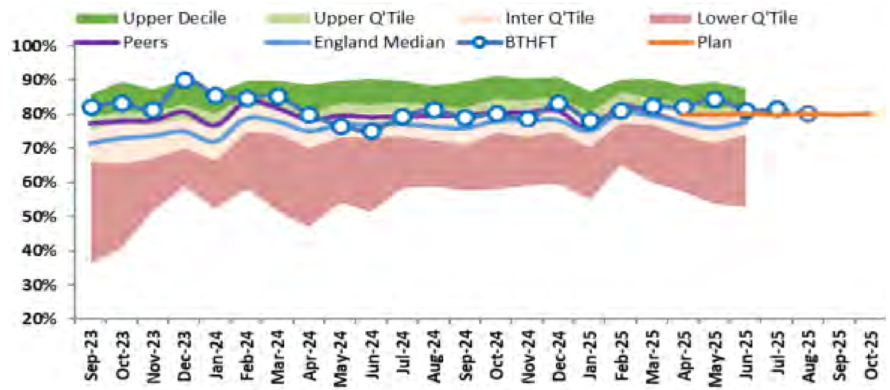
26/09/2025 11:10:33

11. Cancer Diagnostic Phase

Bradford Teaching Hospitals NHS Foundation Trust

Objective: Deliver the Faster Diagnosis Standard (FDS)

11.1 28 Day FDS Benchmarked *(Source: NHSE for Acute & Combined Trusts)*



11.2 28 Day Performance by Tumour Group vs 80% Target *(Source: PPM)*

	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Trust	81.0%	82.5%	82.1%	84.5%	81.2%	81.6%	80.2%
Breast	98.3%	97.8%	96.2%	93.3%	93.6%	92.5%	93.7%
Gynae	57.1%	78.8%	67.2%	57.1%	71.5%	69.7%	81.5%
Haematology	36.8%	24.1%	30.0%	60.0%	30.0%	54.5%	50.0%
Head & Neck	85.1%	94.1%	82.5%	87.9%	79.6%	84.4%	82.8%
Lower GI	78.4%	75.3%	67.6%	77.5%	65.4%	66.4%	62.2%
Lung	95.2%	91.8%	92.0%	91.2%	85.7%	94.3%	86.4%
NSS	93.3%	92.9%	91.3%	80.0%	95.7%	90.3%	76.9%
Upper GI	86.0%	85.7%	92.0%	89.1%	81.8%	78.8%	77.6%
Skin	70.5%	71.3%	86.0%	88.3%	87.1%	85.4%	78.1%
Urology	64.9%	69.0%	65.6%	73.9%	71.9%	67.1%	67.9%

11.3 Additional Cancer Diagnostic Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
# 2WW Refs	1,731	1,843	1,714	1,597	1,823	1,895	1,794	1,816	1,962	2,052	2,071	1,772
% 2WW Performance	93.9%	92.4%	91.8%	90.9%	88.0%	93.1%	93.8%	87.4%	82.3%	83.7%	79.8%	86.9%
28 Day FDS Performance	79.0%	80.3%	78.7%	83.4%	78.4%	81.0%	82.5%	82.1%	84.5%	81.2%	81.6%	80.2%
# Total Patients Seen FDS	1,692	1,758	1,612	1,466	1,568	1,598	1,782	1,705	1,727	1,917	2,106	1,931
# Undiag, unbooked >28 days	175	188	183	264	300	228	244	267	261	213	340	264

Latest position

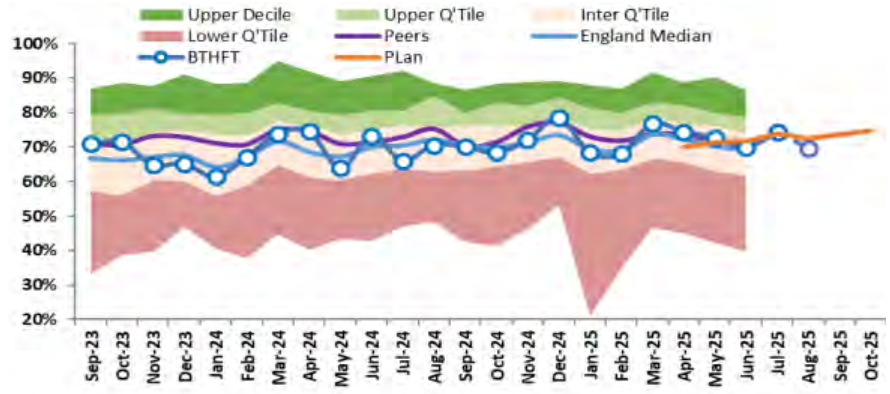
- Two week wait (2WW) performance was at 79.8% in July and is expected to improve significantly in coming months as a result of extra clinics in Breast being set up while awaiting the estates work on the additional room to be completed. The extra room will provide additional one-stop capacity on a regular basis.
- The FDS performance for August is forecasted to remain above the Trust target of 80.2%. Histology is being closely managed to minimize any delays, and consultant reporting capacity for histopathology has improved. This has led to improvements in Gynaecology. However, there has been a deterioration in Skin due to limited one-stop capacity for biopsies, caused by an increase in referrals over the summer and a higher biopsy rate due to clinical skills. While extra weekend clinics have been set up, they are putting additional pressure on histopathology.
- Patient compliance remains a challenge with initiatives such as proactive phone calls to patients likely to DNA, bus tickets to encourage attendance and targeted engagement work in Endoscopy in place. DNA rates have reduced recently as a result.
- Focussed GP education with an aim to improve patient understanding and engagement with their pathway is also underway.
- Work on MDT streamlining continues with the MDT Programme which is targeting objectives to improve this stage of the patient pathway along with a system wide focus on improvements for notifying patients of a benign cancer diagnosis and improving reporting processes.

12. Cancer Treatment

Bradford Teaching Hospitals NHS Foundation Trust

Objective: Deliver the 62 Day Treatment Standard

12.1 62 Day Treatment Benchmarked *(Source: NHSE for Acute & Combined)*



12.2 62 Day Treatment Performance by Tumour Group vs 75% Target

	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Trust	68.1%	76.5%	74.4%	72.6%	70.0%	74.3%	69.7%
Breast	77.0%	92.7%	95.7%	85.2%	84.8%	82.1%	83.3%
Gynae	37.5%	66.7%	36.4%	18.2%	40.0%	46.7%	58.3%
Haematology	37.5%	66.7%	36.4%	18.2%	40.0%	46.7%	70.0%
Head & Neck	27.3%	66.7%	62.5%	75.0%	52.4%	51.9%	34.5%
Lower GI	65.0%	85.0%	72.4%	65.2%	60.0%	44.4%	68.2%
Lung	46.7%	53.8%	22.2%	63.2%	14.3%	30.8%	22.7%
Upper GI	71.4%	100.0%	55.0%	85.7%	81.8%	76.2%	82.4%
Skin	75.0%	87.7%	92.6%	87.7%	93.5%	90.2%	94.1%
Urology	80.7%	67.1%	74.0%	67.7%	59.6%	86.2%	62.5%

12.3 Additional Cancer Treatment Metrics

	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
# 31 Day Treatments	300	245	247	228	221	217	229	241	230	249	254	228
31 Day Performance	91.0%	93.5%	91.9%	93.0%	93.7%	96.3%	95.6%	96.7%	93.5%	94.4%	94.1%	96.1%
62 Day Performance	70.0%	68.4%	72.0%	78.5%	68.4%	68.1%	76.5%	74.4%	72.6%	70.0%	74.3%	69.7%
# of >62 (All Types)	52	52	54	67	102	96	58	70	84	63	60	99

Latest position

- 62-day breaches were predominantly due to complex diagnostic pathways; patients needing multiple investigations and/or MDT discussions before a treatment can commence; patient compliance (mainly in gynaecology and urology); and delays in reporting histology.
- August performance is forecast below target due to increased treatments for patient who had been delayed for these reasons in previous months. The backlog has increased due to delays in the Skin and Lower GI pathways. A demand and capacity exercise for endoscopy will be undertaken to identify bottlenecks and support improvements, while additional weekend clinics for Skin should improve the position in coming weeks.
- Civica go live has currently been put on hold but should be announced soon. Benefits include Personalised Stratified Follow Up (PSFU) and digital remote monitoring system (RMS) for patients after cancer treatment, which will reduce unnecessary follow-ups.
- This will also provide the data needed to better review our services against best practice time pathways and identify areas for further improvement, building on existing pathway improvement and MDT optimisation workstreams.

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Bradford Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS				
Meeting Date:	25/09/2025		**Agenda Reference:**	Bo.9.25.15d
Report Title:	Integrated Dashboard			
Presented by:	Mel Pickup, CEO			
Executive Lead:	Vikki Lewis, Chief Digital & Information Officer			
Author:	Vikki Lewis, Chief Digital & Information Officer			
Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	The integrated Board dashboard is developed by combining the individual performance reports that are received and scrutinised by the Committees: (1) Finance and Performance Committee (2) People Academy (3) Quality Committee Historically, the individual metrics have been agreed with the Executive leads for these Committees and updated on a rolling basis as policy, planning and performance imperatives require. Following the recent publication of the National Oversight Framework (NOF) and other key planning documents, the organisation is working towards developing the reporting suite for inclusion in the IPR. Prior to recently published national guidance on the NOF, the organisation had confirmed its intentions to adopt the principles of the NHS England Making Data Count programme and this intention remains a guiding principle throughout this period of transition.			
Recommendation/s:	The Board is invited to receive and review the document attached. The Board is asked to note the progress to date and be assured of continued progress to create a comprehensive, detailed and informative performance dashboard going forward.			
Link to Strategic Objective:	Sustainability - To deliver our financial plan and key performance targets			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity':	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			

Document Classification: Public

Assurance Route	
Meeting/s where content has been discussed previously:	N/A

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Bradford Teaching Hospitals
NHS Foundation Trust

Integrated Dashboard

Board of Directors

August 2025

Osbourne Sheridan
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Key to KPI Variation and Assurance Icons

Variation			Assurance			
						
Special cause of (H)igher or (L)ower values indicating areas of concern	Special cause of (H)igher or (L)ower values indicating improving performance	Common cause - no significant change	'Pass' variation indicates consistently - (P)assing of the target	'Hit and Miss' Variation indicated inconsistency - passing and failing the target	Fail' Variation indicates consistently - (F)ailing of the target	Data Current unavailable or insufficient data points to generate SPC

Special Cause Concern - this indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) specialty cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls.

Special Cause Improvement - this indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold e.g. ED or RTT Performance. (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold e.g. Pressure Ulcers or Falls

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26/09/2025 11:58:31

Further Reading / other resources

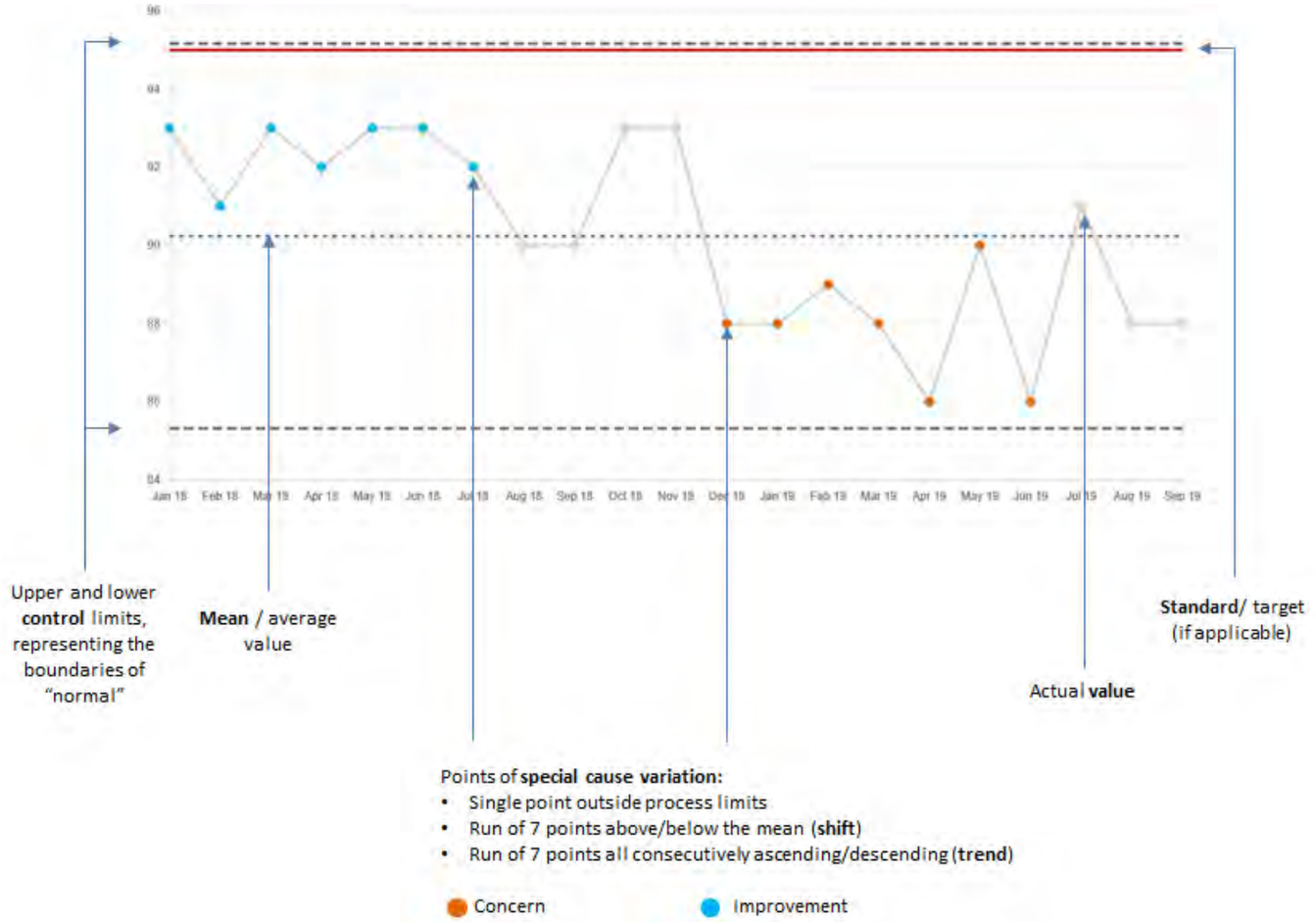
The NHS England website has a range of resources to support Boards using the Making Data Count methodology. This includes are number of videos explaining the approach and a series of case studies – these can be accessed via the following link - https://www.england.nhs.uk/publication/making-data-count/

Interpreting Statistical Process Control Charts

Guidance notes

Reporting within this document uses a combination of chart types. Where appropriate, Statistical Process Control (SPC) charts have been used to aid analysis.

SPC charts



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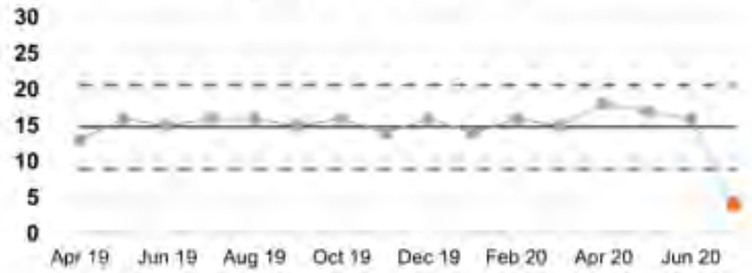
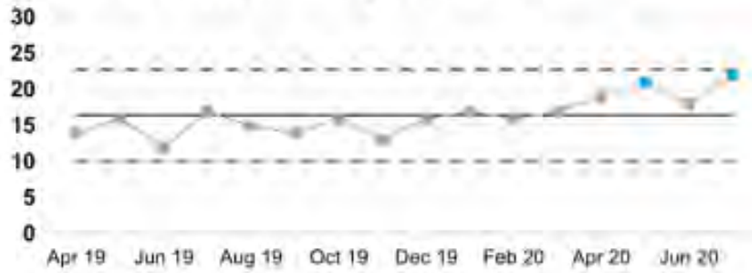
SPC rules : special cause variation

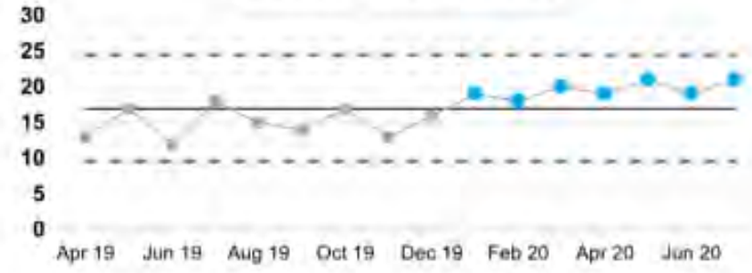
A single point outside the process limits



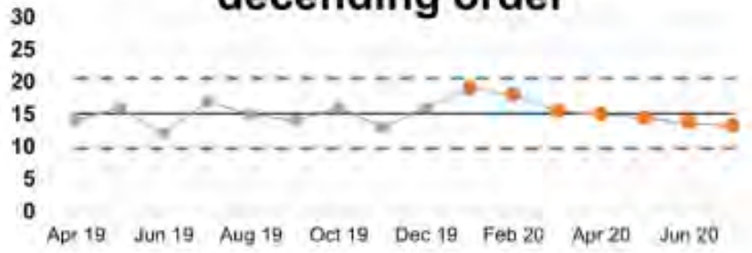
Two out of three points close to a process limit



A shift of points above / below the mean



A run of points in consecutive ascending or decending order



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Operational Performance – Executive Director: Sajid Azeb

Bradford Teaching Hospitals
NHS Foundation Trust

Metric	Period	Latest Value	Target	Variation	Assurance	Mean
% Ambulance Handover <15 Mins - * All	Aug-25	49.7%				56.40%
% Ambulance Handover <30 Mins - * All	Aug-25	84.2%				85.80%
% Ambulance Handover <60 Mins - * All	Aug-25	97.4%				96.50%
Ambulance Arrivals - * All	Aug-25	3,241				3,200
Bed Occupancy - * All	Aug-25	89.95%	93%			90.70%
Cancer 2 Week Wait - * All	Jul-25	79.76%				93.80%
Cancer 28 Day Faster Diagnosis	Jul-25	81.58%				81.6%
Cancer 31 Day 1st Treatment	Jul-25	94.09%				92.6%
Cancer 62 Day Wait - * All	Jul-25	74.32%	75%			74%
Day Case Rate - * All	Aug-25	86.51%				88.90%
Diagnostic Waiting List - * All	Aug-25	8,075				10,236
Diagnostic Waiting List (% < 6 Weeks) - * All	Aug-25	67.90%	95%			72.50%
DTA to Admission > 12 Hours	Aug-25	2.0%				2.01%
DNA Rate - All	Aug-25	8.54%				8.85%
ED - Time to Initial Assessment - * All	Aug-25	17.50				24.4
ED Attendances (% < 4hr) - * All	Aug-25	81.40%	77.30%			75.60%
Elective Ordinary and Daycase Admissions	Aug-25	4,277				4,190
Elective Theatre Sessions Volume Completed	Oct-24	616				520
Length of Stay 21+ Days - * All	Aug-25	75.5				103.5
Not Meeting Criteria to Reside - * All	Aug-25	11.10%	14.79%			13.06%
Outpatient Attendances	Aug-25	41,415				41,567
Outpatient Attendances % New or with Procedure	Aug-25	55.10%				56%
Outpatients Discharged to PIFU	Aug-25	5.32%				2.14%
Patients Discharged on/before DRD	Aug-25	77.6%				81.90%
Patients in ED >12 Hrs - * All	Aug-25	688				680.1
RTT 18 Weeks (%) - * All	Aug-25	65.60%				68.90%
RTT 18 Weeks (Total Pathways) - * All	Aug-25	32,728	30,571			35,619
RTT 52 Week Breaches - * All	Aug-25	238				613.3
RTT 65 Week Breaches - * All	Aug-25	1				81.6
Theatre Capped Utilisation	Oct-24	85.30%				82%

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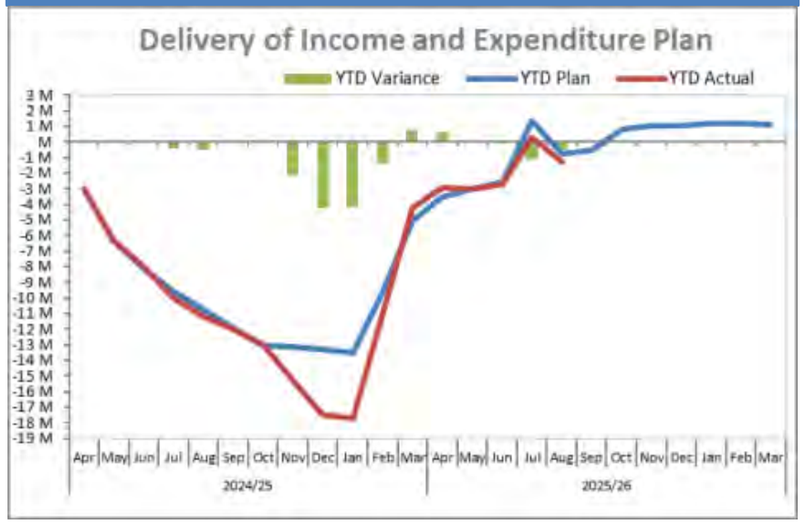
Finance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

Augst 2025 – -£0.78m



August 2025 – £16.3m

August 2025 - £2.89m

August 2025 – £11.6m

Analysis

Closing The Gap: CTG savings of £7.4m have been recorded up to Month 5, which is £4.6m behind plan. This savings shortfall has been offset to date by other underspends not recorded as CTG savings, although it is not anticipated that these underspends will persist into future months.
The revised I&E plan required a £5.3m increase to the CTG target for the year, which now stands at £38.3m. Total unadjusted forecast delivery is £31.3m although this reduces to £23.9m when risk adjusted, which would be £14.4m below plan. The main shortfalls relate to the original £8m centrally held stretch target and the additional £5.3m target which is to be addressed via system collaboration.

Income and Expenditure: The Trust's Month 5 I&E position (£9.7m deficit) is £1.1m behind plan cumulatively. This adverse position reflects the direct pay costs (£0.3m) and estimated lost ERF income (£0.35m) relating to the Industrial Action in July and £0.45m of estimated ERF risk relating to lower than planned activity levels in the month of August. It is not confirmed that the ICB will claw back the ERF funding shortfall, however this risk is recognised in the reported position.
The formal year end forecast remains full delivery of the revised annual plan (£2.7m deficit). However, current modelling suggests there is a risk of £16m - £27m to delivery of the plan. Work is ongoing to mitigate this risk via the Closing the Gap programme and collaboration with system partners, although it is not currently fully mitigated.

Cash Plan: Year to date cash is more than plan by £5.2m which is due to higher than planned working capital (£9.2m). This has been offset by a higher than planned deficit (£1.1m) and lower than planned capital cash (£2.9m).

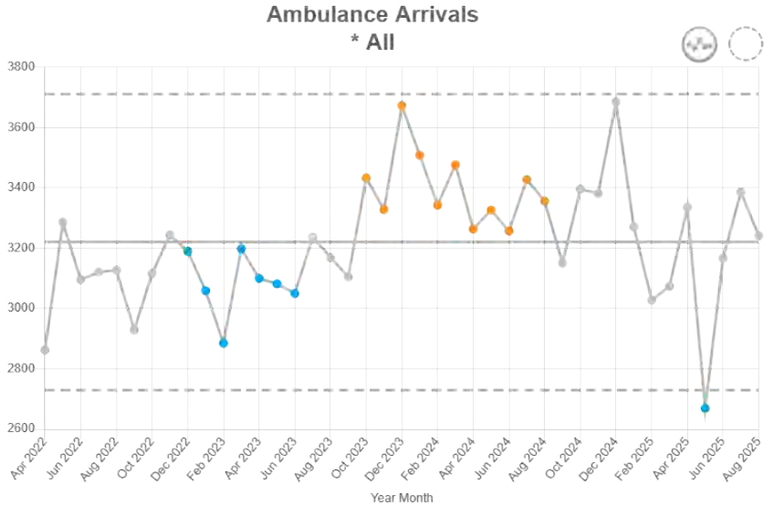
Capital Plan: Year to date capital spend is £11.6m which is in line with the revised plan. Year to date capital expediture has in the main been incurred on the Endoscopy (£8.5m) and Outstanding Maternity (£2.3m) schemes. The full year capital plan is to spend £45.1m which is funded from £24.0m of internal funds, £2.1m donations and £19.0m external PDC funding. The capital programme is forecast on plan.

Note: From August 2025 onwards the plan has been updated to reflect the revised I&E position agreed with NHSE and other known changes.

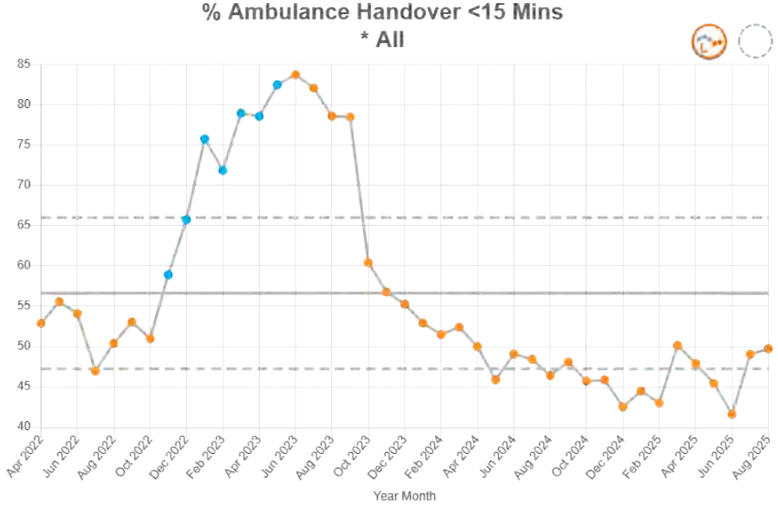
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

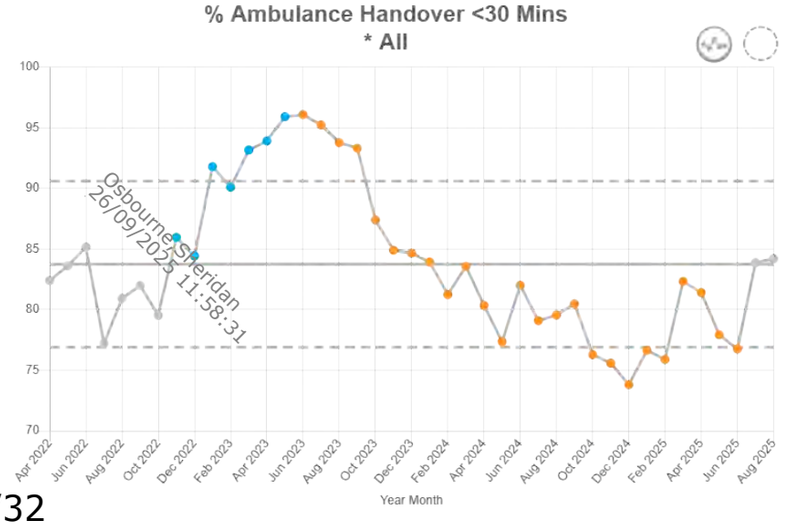
August 2025 – 3,241 ambulance arrivals
Common cause variation



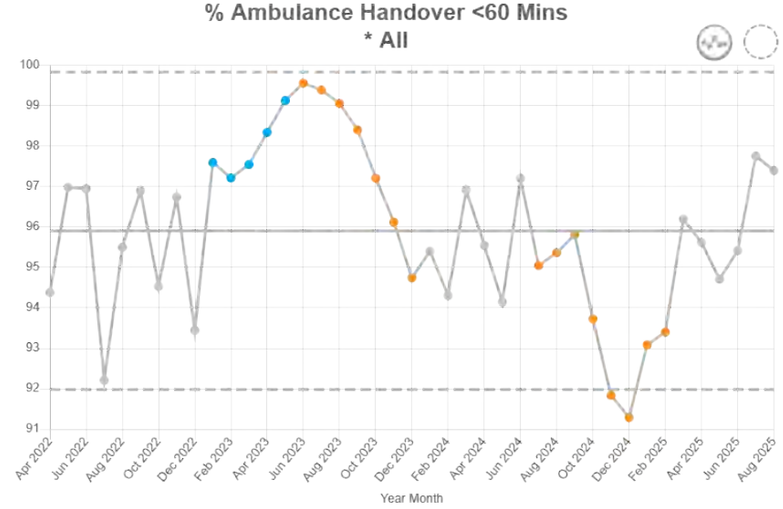
August 2025 – 49.7% ambulance arrivals
Special cause variation of a **concerning** nature



August 2025 – 84.2% ambulance arrivals
Common cause variation



August 2025 – 97.4% ambulance arrivals
Common cause variation



Analysis

Performance for 15-minute handovers as reported by Yorkshire Ambulance Service (YAS) was 49.10% in August compared to 49.03% in July. Overall turnaround time has improved during both July and August with reductions in both handover and crew clear times observed.

Risks, Mitigations and Assurance

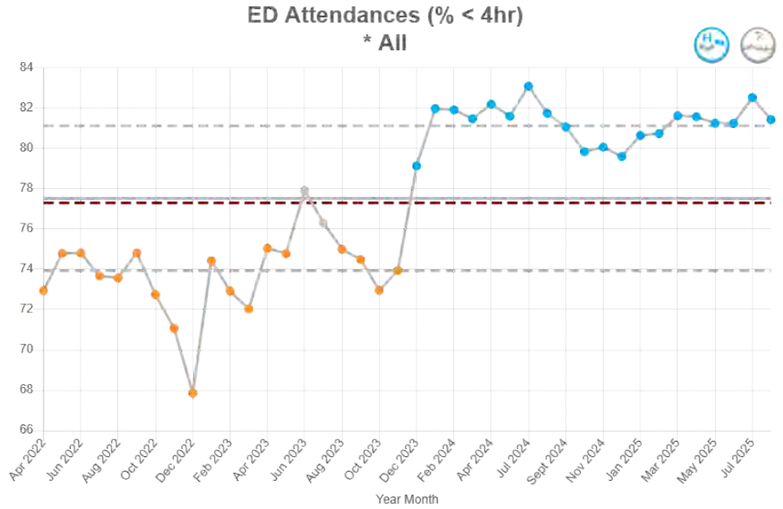
BTHFT will adopt the YAS Transfer of Care SOP, requiring crews to hand over patients to the AAA clinician after 45 minutes, after which YAS staff will leave. The aim is to reduce delays for 999 callers by freeing up ambulance crews waiting at hospitals, improving response times, community safety, and patient experience. AAA nurses will be briefed on the changes. Handover processes have been reviewed, and both BTHFT and YAS staff have received refresher training to ensure proper adherence, including accurate logging of handover times.
Live data sharing continues to support the deployment of YAS leads when required. An escalation protocol remains in place with assessment area expansion as required. System Control Centre (SCC) exception reports are being used to identify improvement actions and executive-level oversight continues to ensure rapid intervention for any handover delay of more than 1 hour.
Following a successful trial self-handover and fit to sit are being utilised more frequently.

Benchmarking

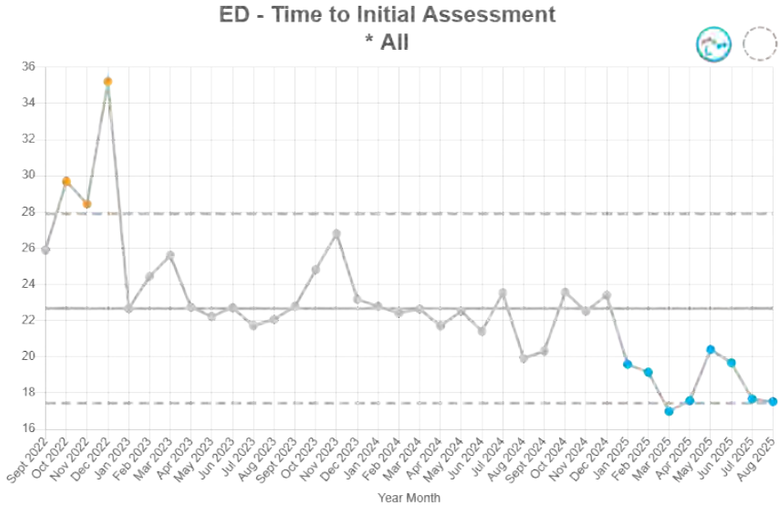
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

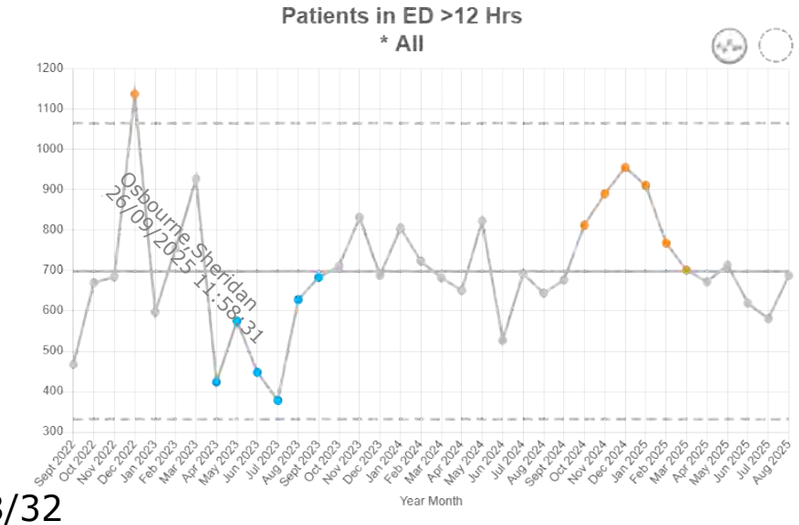
August 2025 – 81.4% - Year end target 77.3%
Special cause variation of an **improving** nature



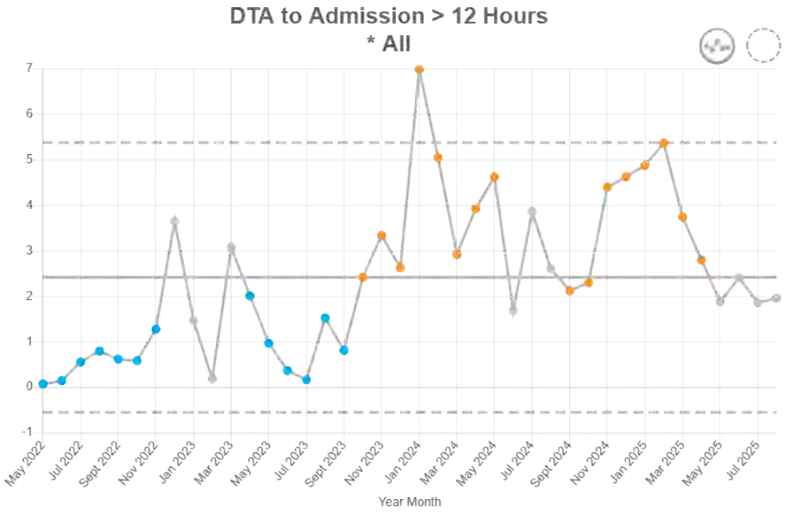
August 2025 – 17.5 minutes
Special cause variation of an **improving** nature



August 2025 – 688 patients
Common cause variation



August 2025 – 1.96%
Common cause variation



Analysis

Daily attendance has reduced over the summer period with overall ECS performance remaining in line with plan.
12-hour LoS in ED was impacted by high bed occupancy and increased ward LoS delaying some admitted pathways from ED. The change in flow metrics relates to the junior doctor handover in August and improves into September.

Risks, Mitigations and Assurance

The AECU continues to positively impact on ED and hospital admission metrics with 12-hour length of stay performing in line with plan.
The Acute Care programme (EXCEL) which will aim to improve patient and staff experience, patient flow and address overcrowding continued to progress engagement events during the last month.
BTHFT is also exploring potential benefits of using FirstNet Model Content with a plan to implement in October 2025.

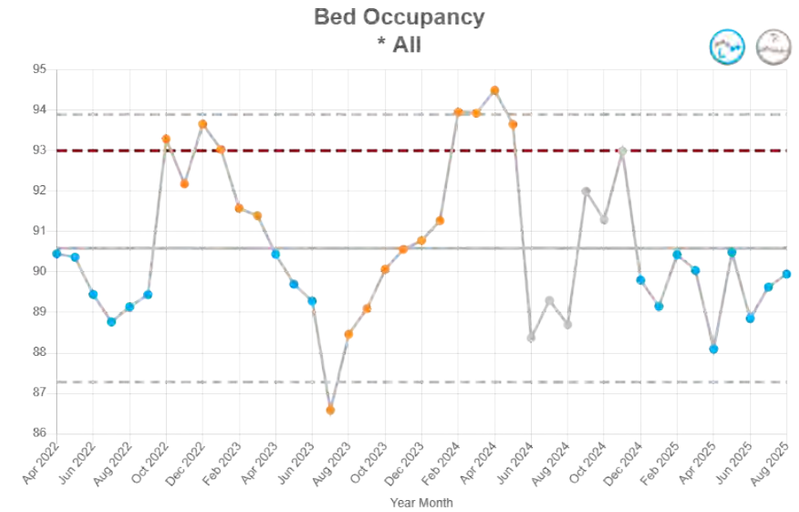
Benchmarking

Performance is above national, peer and WY averages. For ECS the Trust performs in the upper decile of Acute Trusts in England.

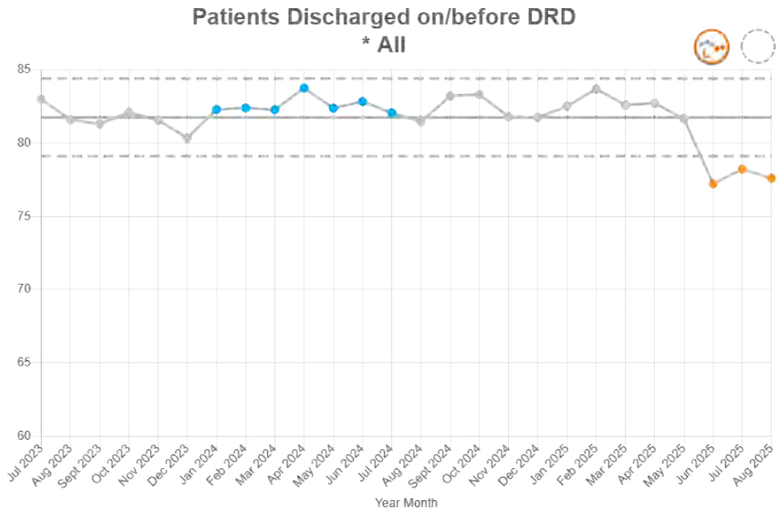
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

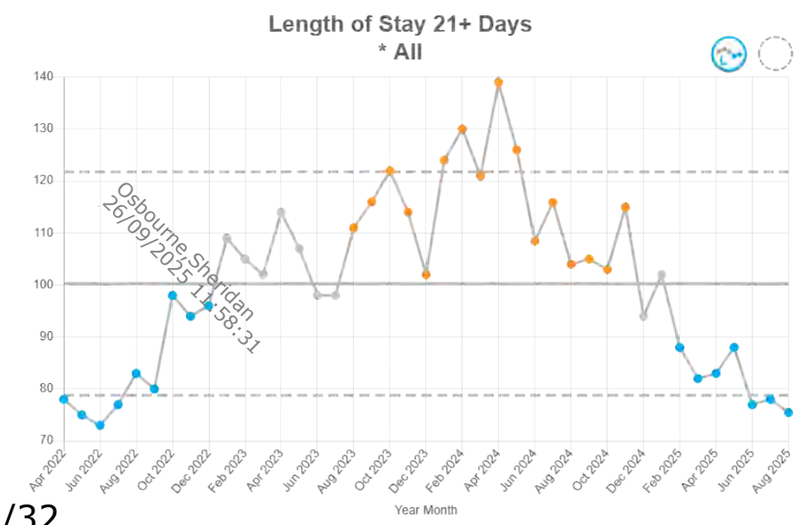
August 2025 – 89.95% occupancy – Year end target 93%
Special cause variation of an **improving** nature



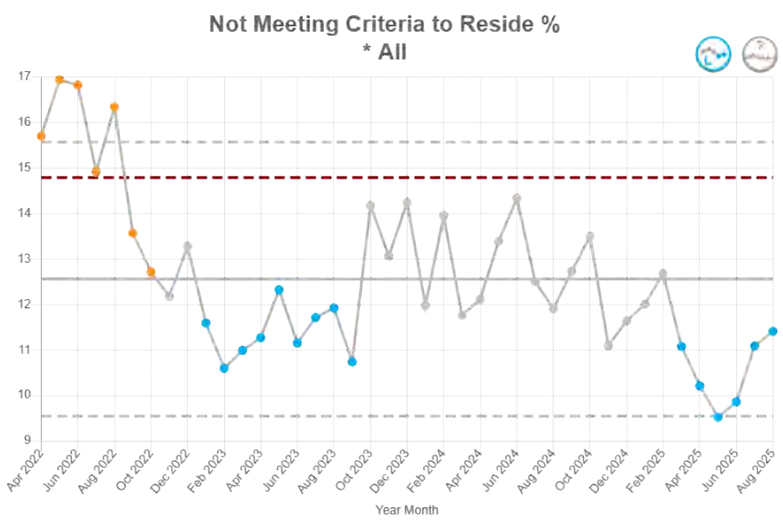
August 2025 – 77.6%
Special cause variation of a **concerning** nature



August 2025 – 75.5 patients
Special cause variation of an **improving** nature



August 2025 – 11.4% – Year end target 14.79%
Special cause variation of an **improving** nature



Analysis

Total G&A bed occupancy for August remained stable (89.9%) compared to July (89.6%) which is in line with forecasted levels and aligned to improvements in length of stay and timely discharge, alongside the seasonal changes we expected.
The average number of patients with a LoS >21 was better than plan in June, and spells exceeding 7 and 14 days are also showing significant improvement trends.
Patients with No Criteria To Reside (NCTR) as a percentage of occupied beds remains at the improved levels whilst the average delay post Discharge Ready Date (DRD) is also ahead of plan.

Risks, Mitigations and Assurance

A new LoS process has now been implemented utilising Consultant, Complex Discharge Lead & Patient Flow Clinical Lead support, which aims to support wards to challenge existing processes and implement alternative solutions to improve early discharge.
Collaborative work has been undertaken with Calderdale Hospital to understand their long length of stay processes in conjunction with their use/ experience of the Optica system ahead of BTHFT's adoption.
Schemes are also progressing to further enhance discharge processes with specific focus on discharge roles and therapy capacity.

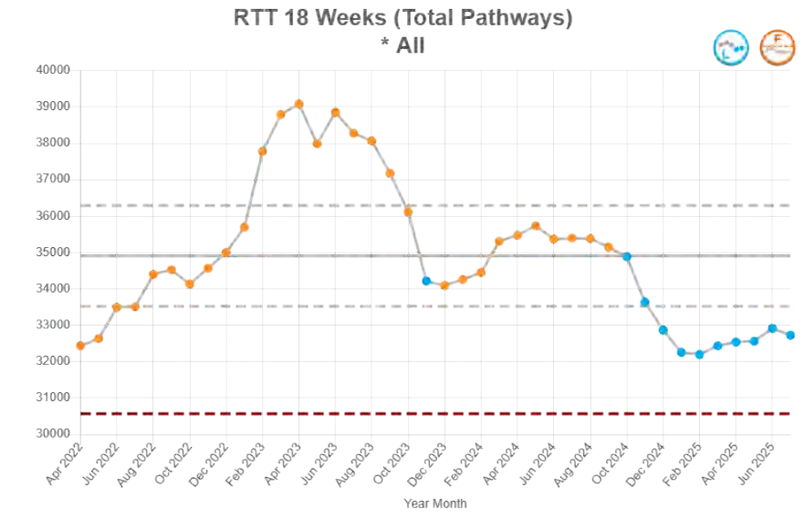
Benchmarking

As a % of emergency spells the number of 21-day LoS for BTHFT continues to benchmark better than the national and peer averages and close to the best quartile nationally despite the increases.
Delays and time post DRD metrics also benchmark better than national and peer average.

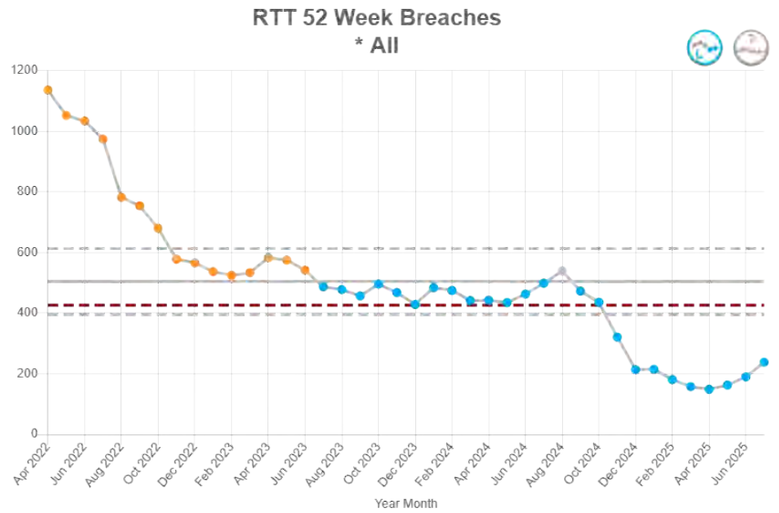
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

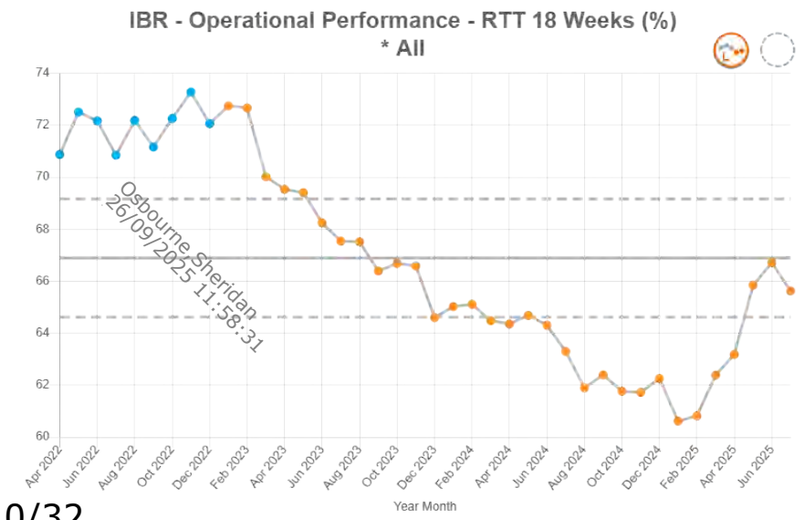
August 2025 – 32,728 pathways – Year end target 30,571
Special cause variation of an **improving** nature



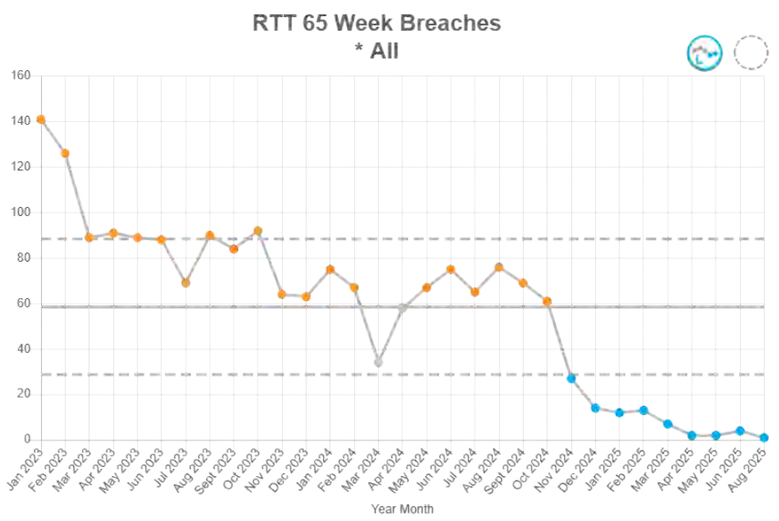
August 2025 – 238 pathways – Year end target 426
Special cause variation of an **improving** nature



August 2025 – 65.6%
Special cause variation of a **concerning** nature



August 2025 – 1 patient
Special cause variation of an **improving** nature



Analysis

RTT performance reduced slightly in August to 65.63% but remains ahead of plan. The RTT waiting list size continued to increase in August with level of clock starts stable.
The number of patients waiting over 52 weeks continues to increase due to ongoing issues in Respiratory Medicine. Recovery plans are being intensively supported by colleagues within the Senior Operations Leadership Team.
There was 1 wait over 65 weeks in August (1 corneal graft).

Risks, Mitigations and Assurance

The increase in overall waiting list size will put pressure on future performance, unless clock stops are increased. A deep dive identifying which specialties require action and advising on the options available has been completed to support this.
Confidence in the RTT waiting list, as expressed nationally via the Luna Dashboard, remains high at 99.73% in August 2025, this is the best position ever reported for the Trust. The number of DQ errors on RTT PTL reported on LUNA Dashboard remain low at 660.

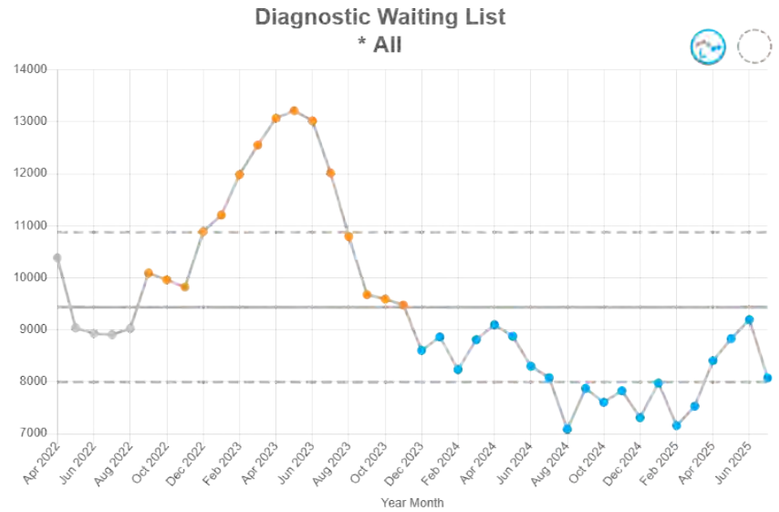
Benchmarking

52-week performance benchmarks in the best quartile nationally whilst we are just below the best quartile for 18 weeks.

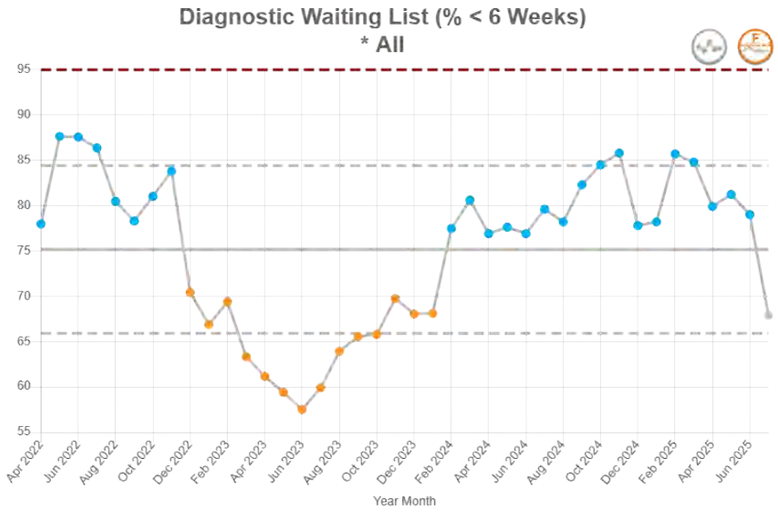
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

August 2025 – 8,075 pathways
Special cause variation of an **improving** nature



August 2025 – 67.9% <6 Wks – Year end target 95%
Common cause variation



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Analysis

DM01 performance continues to deteriorate and remains a concern with ongoing challenges in Audiology, Non-Obstetric Ultrasound and Neurophysiology. Significant improvements can be noted this month in Echocardiography with recovery expected by year-end. Activity is also below plan despite the CDC continuing to provide capacity for all commissioned modalities.

Risks, Mitigations and Assurance

All recovery and long-term sustainability plans have been reviewed since last meeting and additional assurance sought from the operational leads for each area on the associated timescales.
Audiology recovery was impacted by additional sickness absence and mutual aid has only been available for Adults with referrals remaining closed for this cohort. Long term sustainability requires additional resource and a business case has been partially approved containing a proposed workforce model and phasing while a further option exploring collaboration through ABCAS is being explored.
Recruitment for the initial phase is underway and overtime is in place to support Paediatric recovery.
NOUS insourcing arrangements has commenced and should support the clearing the existing backlogs, although the position continued to deteriorate while going through the tendering process.
An external contract for Neurophysiology is currently being set up as additional capacity planned via a locum hasn't covered sufficient growth in activity to help reduce the backlog.

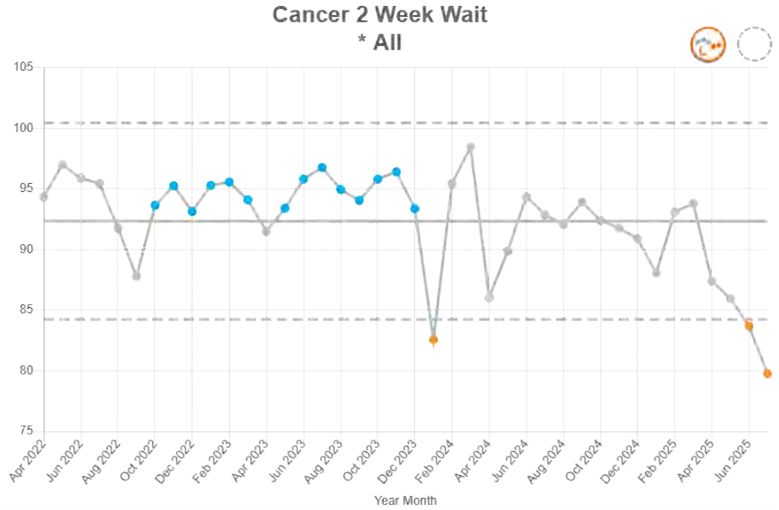
Benchmarking

Due to the challenged position the Trust is below average when compared to peers and the national position.

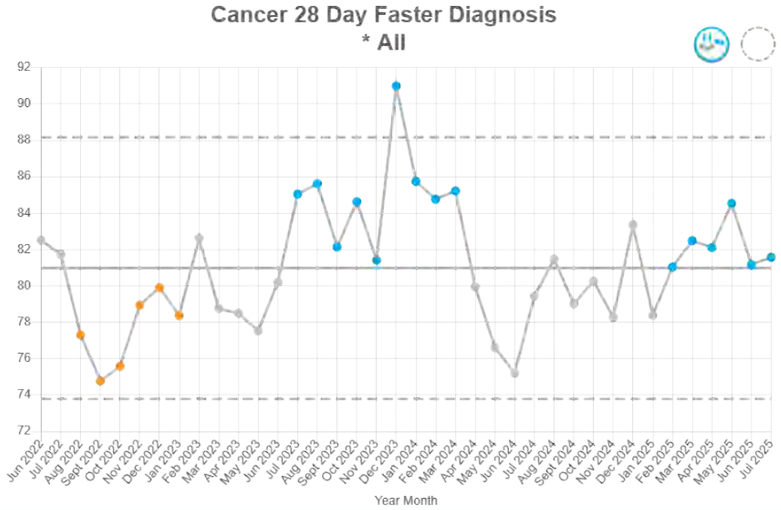
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

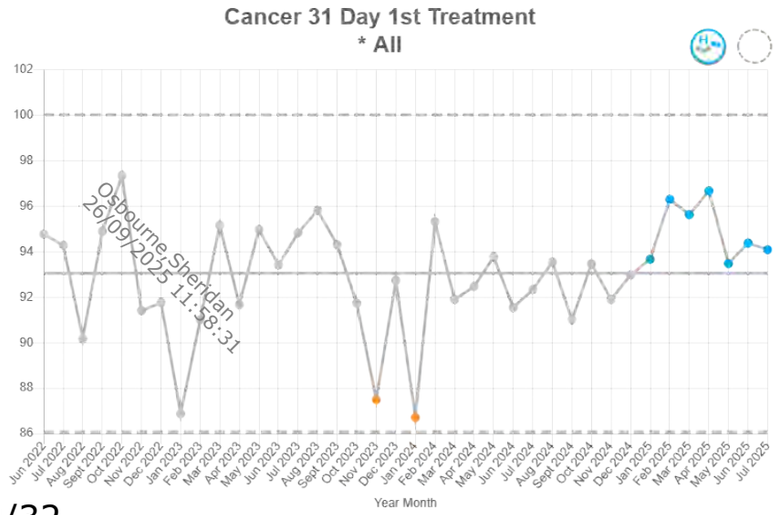
July 2025 – 79.76%
Special cause variation of a **concerning** nature



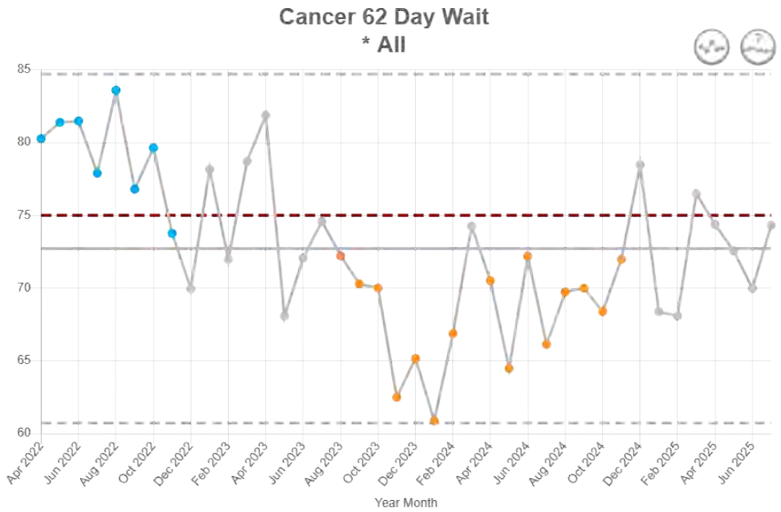
August 2025 – 81.58%
Special cause variation of an **improving** nature



July 2025 – 94.09%
Special cause variation of an **improving** nature



July 2025 – 74.32%
Common cause variation



Analysis

The 28-day faster diagnosis standard (FDS) performance remained above target at 81.6% in July.
62-day performance remained above trajectory at 74.3% in July but is showing deterioration in August with growth in waits over 62 days.
62-day breaches were predominantly due to complex diagnostic pathways; patients needing multiple investigations and/or MDT discussions before a treatment can commence; patient compliance (mainly in gynaecology and urology); and delays in reporting histology.

Risks, Mitigations and Assurance

Work on MDT streamlining continues, which is targeting objectives to improve this stage of the patient pathway along with a system wide focus on improvements for notifying patients of a benign cancer diagnosis and improving reporting processes.
Civica go live remains planned from Q3 2025. Benefits include Personalised Stratified Follow Up (PSFU) and digital remote monitoring system (RMS) for patients after cancer treatment, which will reduce unnecessary follow-ups.
This will also provide the data needed to better review our services against best practice time pathways and identify areas for further improvement, building on existing pathway improvement and MDT optimisation workstreams

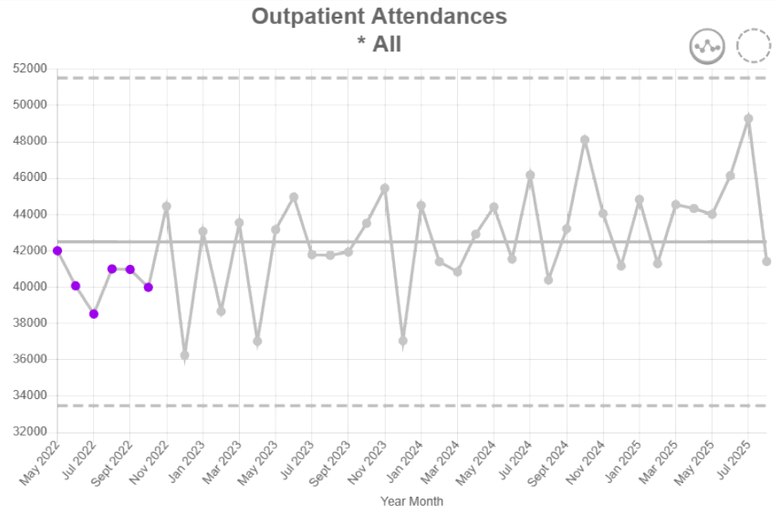
Benchmarking

The Trust has returned to the upper decile for 28-day FDS and is in line with national and peer average for 62-day general treatment.

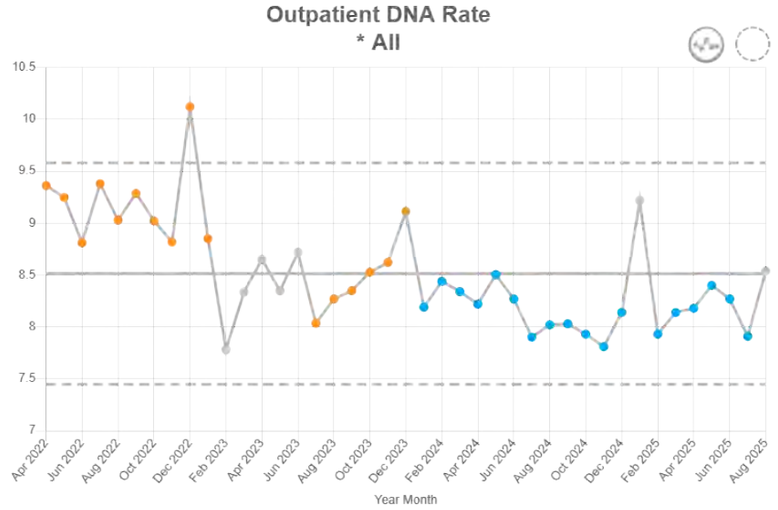
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

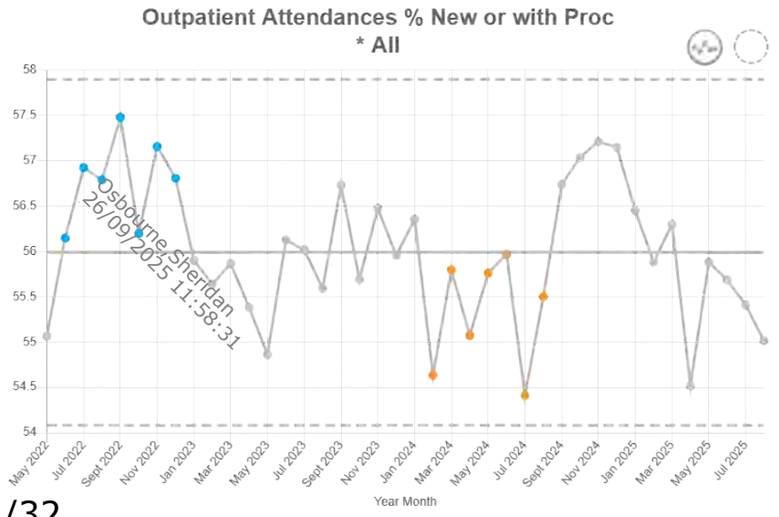
August 2025 – 41,415
Common cause variation



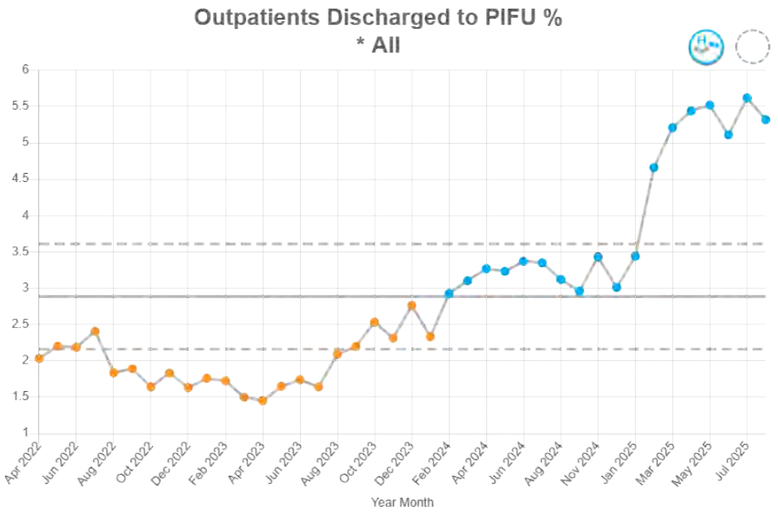
August 2025 – 8.54%
Common cause variation



August 2025 – 55.1%
Common cause variation



August 2025 – 5.32%
Special cause variation of an **improving** nature



Analysis

Outpatient activity delivered slightly above plan again in August, although the percentage that are new or with procedure is reducing and remained behind plan.
PIFU use continues to improve but increasing follow up demand remains an issue and the number of RTT clock stops also dropped.

Risks, Mitigations and Assurance

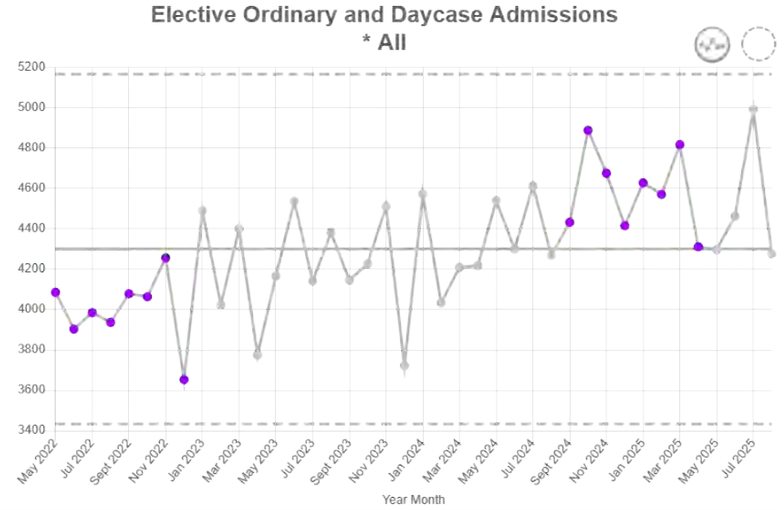
We are addressing these trends though Outpatient Transformation which is focussed on service led pathway redesign supported by digital advancement and alignment of support processes.
A straight to Advice & Guidance trial with Paediatrics is underway with LMC support and several other services ready to follow. This will increase A&G revenue whilst also reducing demand for new appointments.
Service Improvement are setting up training, engagement and drop-in sessions to mobilise the use of model for improvement at a service level. This will move us from further faster action plans to PDSA cycles for specific change ideas.
Clinical engagement is planned for the next Hospital Management Group. EPR and RTT training plans are being developed alongside this engagement strategy, supported by expert teams.

Benchmarking

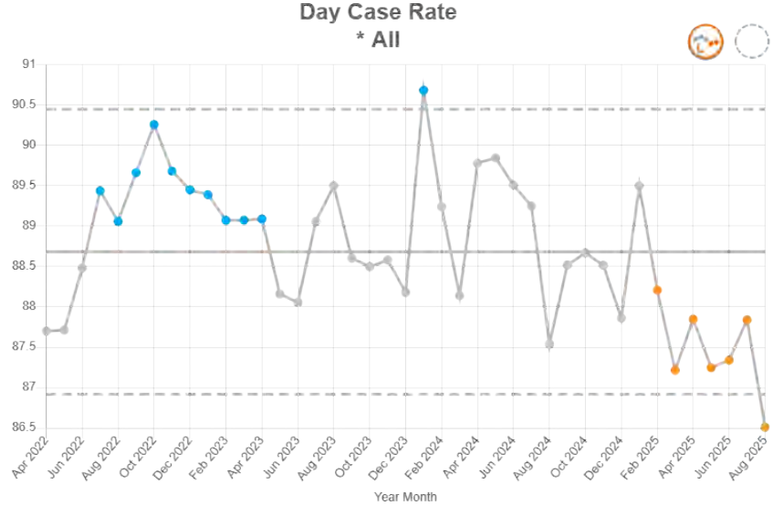
Performance – To deliver our key performance targets and finance plan

Bradford Teaching Hospitals NHS Foundation Trust

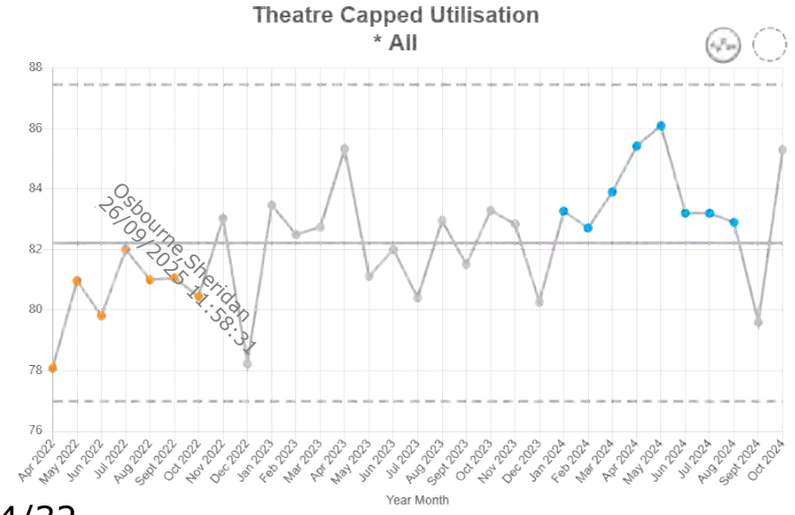
August 2025 – 4,277
Common cause variation



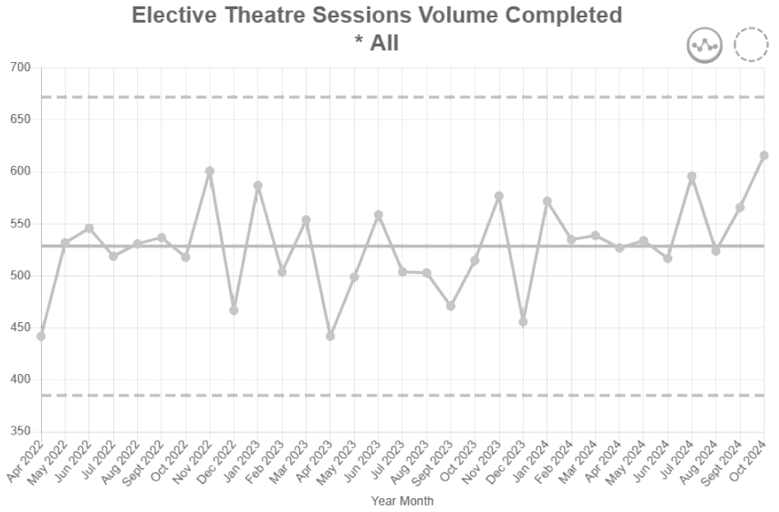
August 2025 –86.51%
Special cause variation of a **concerning** nature



October 2024 – 85.3%
Common cause variation



October 2024 – 616
Common cause variation



Analysis

Inpatient activity remains impacted by the delayed opening of the DCU. Weekend lists are running to mitigate the delay.

Risks, Mitigations and Assurance

Theatre efficiencies aiming to increase the number of lists run and the number of patients per list continue to progress into 2025/26 as a key part of our operational excellence plan with productivity targets aligned to national analysis and the operational planning trajectories set with NHSE.

Benchmarking

Benchmarking not available due to the issues with reporting post TACC implementation.

People – Renee Bullock

Bradford Teaching Hospitals
NHS Foundation Trust

Metric	Period	Latest Value	Target	Variation	Assurance	Mean
Agency - %	Jul-25	0.43%				1.90%
Appraisal Rate - Non-Medical	Jul-25	77.0%				75.54%
BAME Split - Band 8+	Mar-25	20.0%				17.70
BAME Split - Bands 1-5	Mar-25	51.0%				44.80
BAME Split - Bands 6-7	Mar-25	30.0%				26.40
BME - * All	Sep-24	44%				
Core Manadatory Training - * All	May-25	94.0%				91.39%
Disability Declaration - * All	Mar-25	5.6%				5.6%
Freedom to Speak Up - * All	Apr 25 - Jun 25	25.00				22.00
Harrassment and Bullying - Disciplinary Action	Oct 24 - Mar25	0				3.28
Harrassment and Bullying - Informal Action	Oct 24 - Mar25	2				3.24
Harrassment and Bullying - In-progress	Oct 24 - Mar25	9				7.35
Harrassment and Bullying - No Case To Answer	Oct 24 - Mar25	1				3.64
Harrassment and Bullying - Resigned	Oct 24 - Mar25	1				1.14
Harrassment and Bullying - Total Investigations	Oct 24 - Mar25	13				14.33
Job Planning - Allied Health Professionals	May-25	45.1%				39%
Job Planning - Medics	May-25	40.8%				29%
Job Planning - Nurses	Sep-24	0%				
Nursing Agency Fill Rate - %	Jul-25	5.6%				10.8%
Nursing Bank Fill Rate - %	Jul-25	71.7%				53.7%
Staff Advocacy - Contacts	Oct 24 - Mar 25	24				17.00
Staff Advocacy - Contacts Not Resolved	Oct 24 - Mar 25	0				0.33
Staff Advocacy - Formal Complaints/Investigations	Oct 24 - Mar 25	0				0.33
Staff Advocacy - In-progress	Oct 24 - Mar25	5				4.50
Staff Advocacy - Outcome Unknown	Oct 24 - Mar 25	11				6.66
Staff Advocacy - Resolved Informally	Oct 24 - Mar25	8				7.00
Staff Sickness - * All	Jul-25	6.20%				6.3%
Staff Stability - * All	Jul-25	99.24%				98.8%
Staff Turnover - * All	Jul-25	9.58%				10.8%

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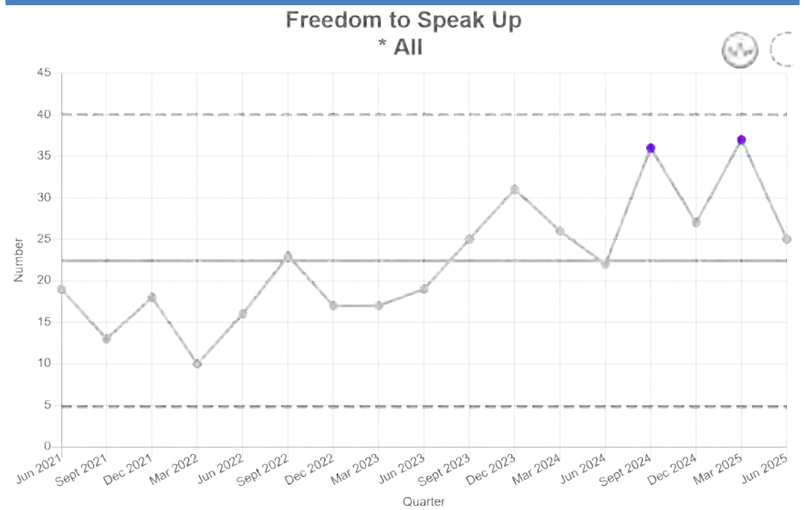
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals NHS Foundation Trust

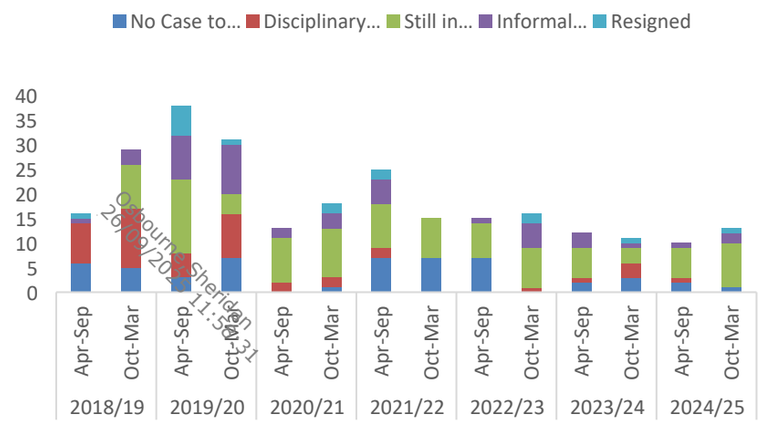
2025/26 Quarter 1 – 25



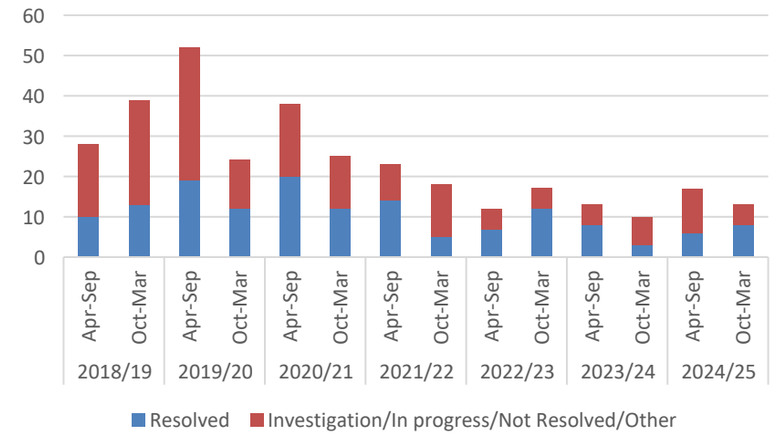
2024/25 October to March– Staff Advocacy

Month	Contacts	Formal complaint/ investigation	Resolved Informally	In Progress	Contacts not resolved	Outcome unknown
Apr 18 - Sep 18	28	5	10	6	3	4
Oct 18 - Mar 19	39	18	13	5	3	6
Apr 19 - Sep 19	52	11	19	6	4	12
Oct 19 - Mar 20	24	3	12	2	1	8
Apr 20 - Sep 20	38	4	20	5	1	8
Oct 20 - Mar 21	25	1	12	2	1	9
Apr 21 - Sep 21	23		14			
Oct 21 - Mar 22	18	5	5	4	0	4
Apr 22 - Sep 22	12		7			
Oct 22 - Mar 23	17		12			
Apr 23 - Sep 23	13	2	8	2		1
Oct 23 - Mar 24	10	0	3	3	1	3
Apr 24 - Sep 24	17	1	6	4		6
Oct 24 - Mar 25	24	0	8	5	0	11

2024/25 Quarter 4 Harassment and Bullying



2024/25 April to March –Staff Advocacy



Analysis

Harassment & Bullying Outcomes: A very slight increase in the number of formal cases ongoing since the last 6-monthly update (increase of 3 formal cases to 9, but with 2 of these being appeals to the outcome already achieved). 2 cases resulted in a recommendation for informal action (one of these cases was withdrawn by the applicant in favour of an informal solution). Although a number of cases are now going down the disciplinary route, there were no cases that resulted in disciplinary action during the last 6 months. One colleague resigned from their role in response to a disciplinary investigation. 1 case resulted in 'no case to answer' (down from 2 cases in the last reporting period).
Contacts with staff Advocacy Service: The number of contacts with the Staff Advocacy Service has increased in the last 6 months (from 17to 24 contacts). The number of cases being supported that were resolved informally decreased slightly from 35% to 33%.

Freedom To Speak Up: There were 25 concerns raised to the FTSU team in Q1. The highest category of concerns (11) had an element of inappropriate attitudes and behaviours and there were 6 concerns raised that had an element of Bullying and harassment. This quarter, the highest groups of staff raising concerns were from staff whit additional clinical roles, e.g. Health care assistants. There were 4 concerns reported anonymously in Q1 via the FTSU App.

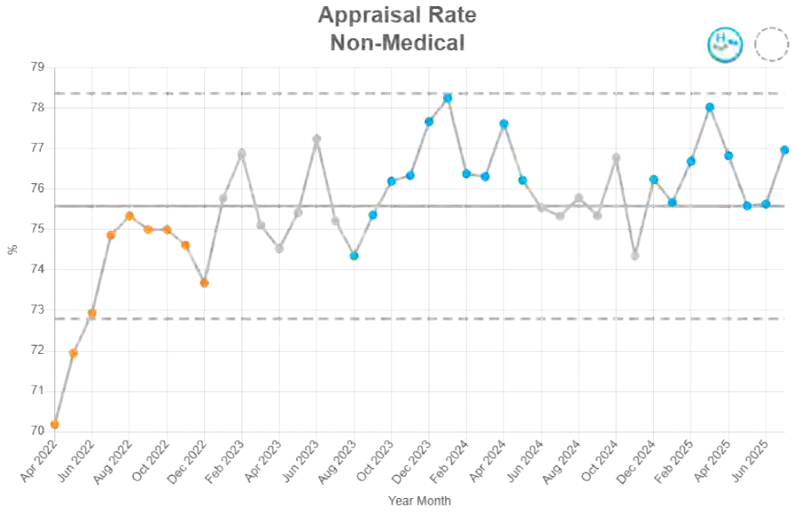
Risks, Mitigations and Assurance

Harassment & Bullying Outcomes: Whilst there is still work to do to reduce the number of formal cases, some of the outcomes are reflective of the considerable work that has taken place , to speed up formal processes, and to ensure staff are supported to "nip issues in the bud" at an early stage (including the wider work around workplace civility focussed on developing a culture of dignity & respect) and with renewed confidence in informal resolution. The launch of the new Respect, Civility & Resolution Policy, as part of a suite of refreshed People Policies (accompanied by both a staff and manager handbook) will all play a crucial role in developing this work further.
Contacts with staff Advocacy Service: This well-established service is in need of a further refresh and recruitment drive aligned to the upcoming launch of the new Respect, Civility & Resolution policy with focus on supporting colleagues to appropriately address challenges in the worklplace, including approaches to informal resolution.

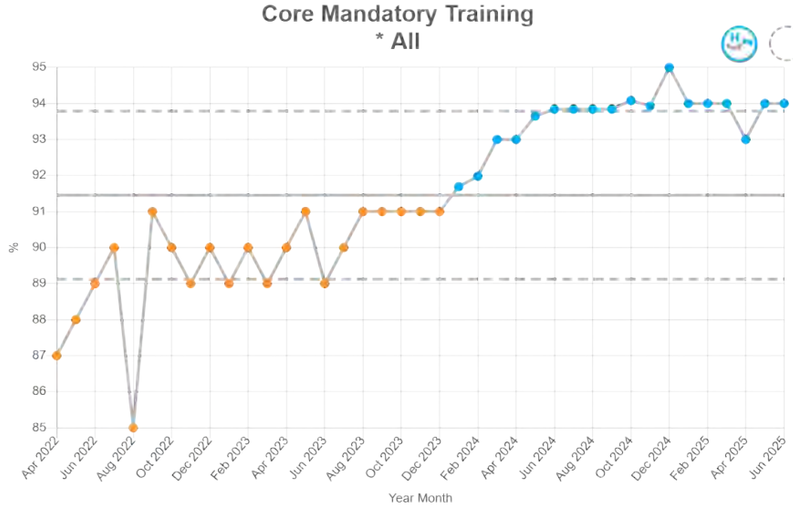
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals NHS Foundation Trust

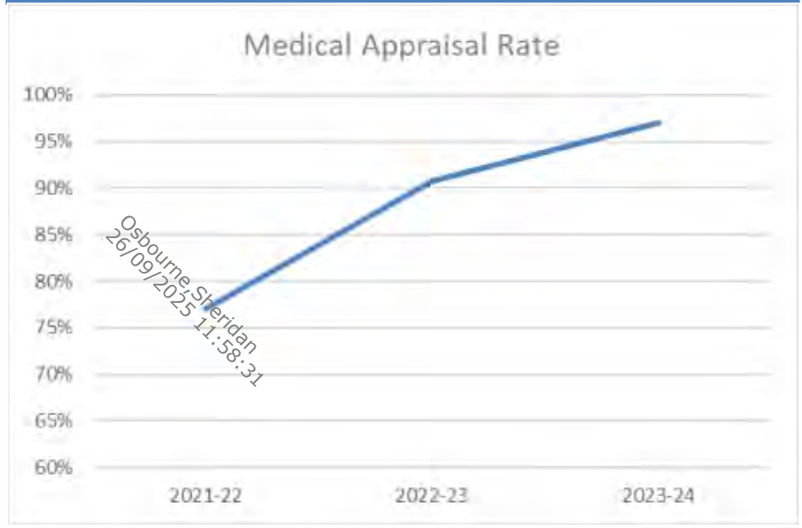
July – 76.97 %
Common cause variation of an **improving** nature



June 2025 - 94%
Common cause variation



March 2024 – 97%



Analysis

Core Mandatory Training
- Overall Trust compliance continues to be above the Trust target of 85%, staying above 90% over the last several months.
- All CSU's continue to achieve above the 85% target, with several achieving an increase of 1% or more over the last quarter.

Appraisal
Since April 2024 the target for non-medical appraisal has been set at 85%. Appraisal compliance has followed an upward trajectory since the beginning of the year when it was 76.31% , as of the end of April it was 77.62%.

Medical Appraisal Rate
Medical Appraisal year from 1st April 2024 to 31st March 2025: 488 (92.9%) doctors received an Outcome Measure 1 (Completed appraisal).
37 (7.1%) doctors were allocated an Outcome Measure 2 (Approved Missed appraisal).

Risks, Mitigations and Assurance

Core Mandatory Training

Overall and individual CSU compliance for Bloods training are regularly not meeting the 85% target, but compliance continues to improve month on month, with current compliance standing at 84% overall. Blood Transfusion Training stands at 85%, Preparing Blood 87% & Organising Blood at 89%. Collecting Blood is at 76%, no change from last month.
Work continues to improve the overall compliance for all blood competencies by way of regular reporting, increasing the number and pattern of training classes and regular meetings with the subject matter experts.
Basic Life Support compliance stands at 86%, which is attributed to the increased insitu activity carried out by the Resus team.
Safeguarding Adults Level 3 compliance has increased by 4% to 39%. Due to the levelling of positions and the requirement now mandatory for a larger number of staff, compliance will be under the 85% target for a period of time. Compliance will be monitored over the coming months.
Targeted actions continue for subjects below 85% to improve compliance across all areas due to the following actions:
Maintaining robust systems for reporting
Analysis into low compliance areas
Data quality checks
Proactively targeting staff with low compliance
Working with Individual CSU's to meet training capacity needs

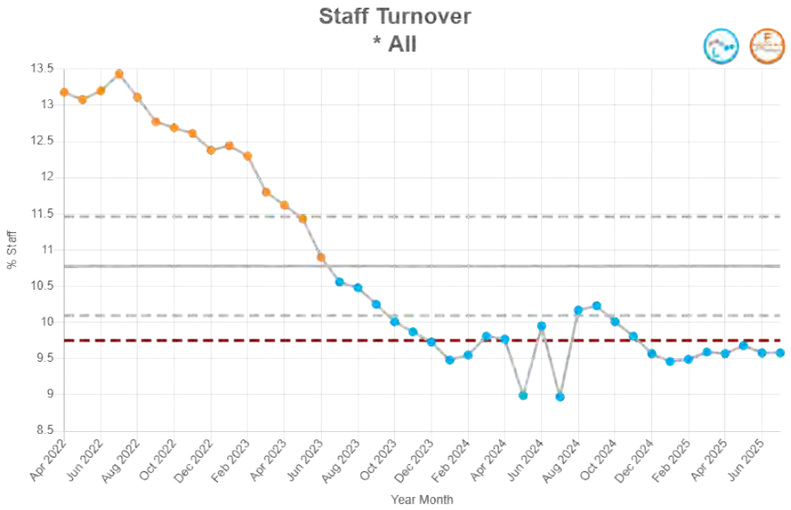
Appraisal

Appraisals are central to creating an environment of continuous learning and improvement; they unlock the potential of our people, developing individual performance and driving personal and professional development. Appraisals ensure everyone is working towards our Trust Strategic Objectives; understand how they contribute to achieving our Vision and are clear of what is expected of them. In order to improve both the quality of appraisal conversations and compliance, we have implemented a new 1-1 framework, 'Dynamic Conversations' and a new appraisal approach 'Dynamic Appraisals'. These are now live within the organisation and available via the Thrive hub.

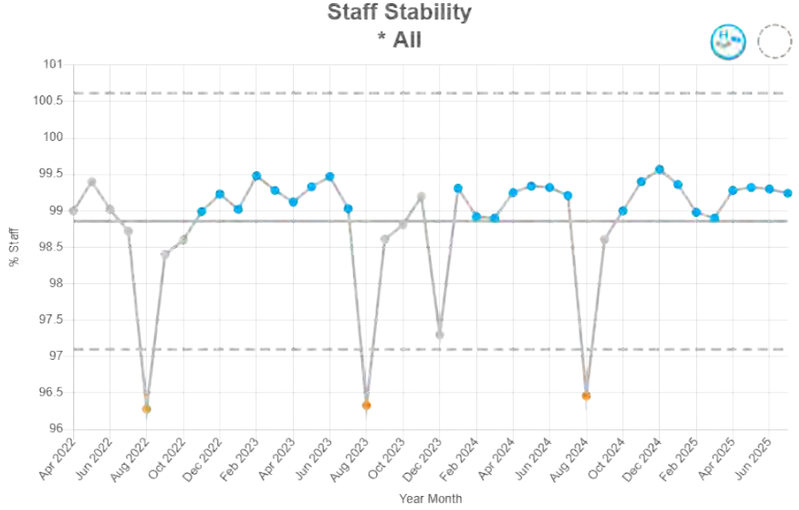
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals NHS Foundation Trust

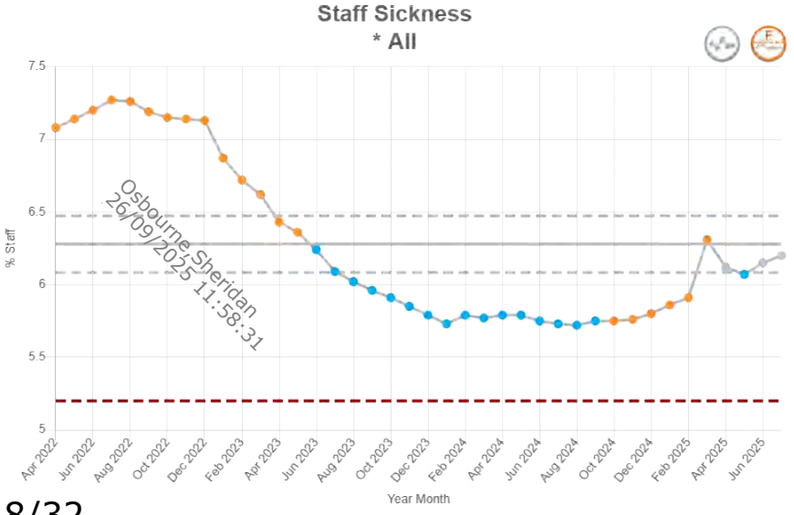
July 2025 – 9.58%
Special cause variation of an **improving** nature



July 2025 – 99.24%
Common cause variation of a **deteriorating** nature



July 2025 (rolling 12 months) – 6.2%
Common cause variation of a **deteriorating** nature



Analysis

Sickness in July 2025 is 6.27% and the YTD figure is 6.20%, in comparison with June 2025 where the monthly sickness rate was 6.12% and the YTD figure 6.15%.

The staff groups with the highest sickness rates in July 2025 are Additional Clinical Services at 10.19%, Estates & Ancillary at 9.72%, Nursing & Midwifery at 6.06% and Admin & Clerical at 5.69%. Allied Health Professional, Healthcare Scientists, Add Prof Scientific & Technic, and Medical and Dental Staff groups were below target for the month of July with rates of 5.54%, 5.47%, 4.26% and 1.89% respectively. The overall sickness % has been under 6.5% for the past 18 months, however for the last 12 months has remained consistently above 5.5%. In August 2024, we have seen a steady increase in monthly sickness absence rates with a peak in March 2025 and then a slight drop in May 2025 with a further increase in July 2025.

Turnover - The monthly turnover rate at July 2025 remains unchanged from 9.5% in comparison with June data and remains below the Mean of 10.8%
The stability index shows the percentage of all colleagues including rotational doctors and fixed-term appointments who are still in post at the end of the month and who were in post at the start of the month. The stability rate inJuly2025 has remained static.

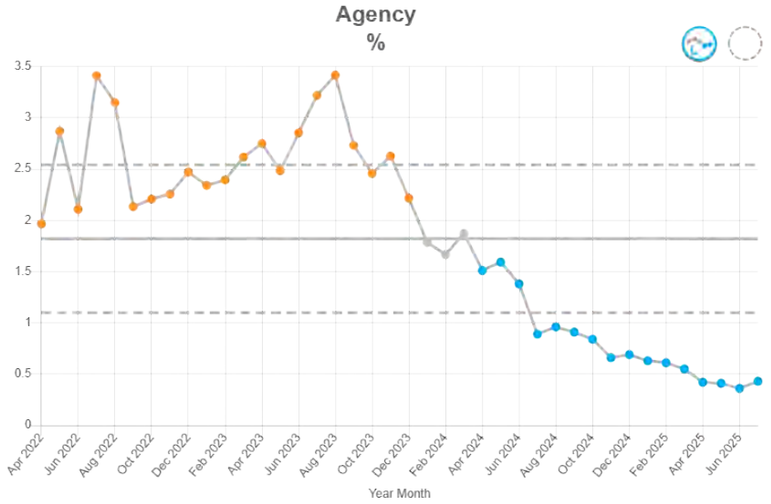
Risks, Mitigations and Assurance

Since July 2022 sickness rates have been on a downward trajectory, although, over the last 12 months rates have levelled off remaining between 5.5% and 6% each month.
The following measures have been implemented to improve rates;
Briefing sessions have been undertaken regarding manager roles and responsibilities in relation to the Health, Wellbeing and Management of Attendance Policy. Further sessions are being planned for March/April 2025.
Bi-monthly training is in place on the Health, Wellbeing and Attendance Policy, alongside bespoke departmental training for managers as and when required.
Regular monthly meetings are scheduled for managers and members of the HRBP team to review sickness cases and obtain assurance that cases are being progressed in a timely manner, and in accordance with policy.
The HRBPs continue to attend monthly CSU Triumvirate and Performance meetings where sickness rates are discussed alongside ward/department turnover rates.
The HR team is also working on an offboarding strategy to roll-out stay conversations across the Trust to improve attrition rates and identify why people consider leaving the Trust. Feedback and improvement plans from staff survey are also a critical element of the process.
The HRBP team has also recently commenced some 'deep dive' work in relation to high Bradford Factor Scores, and where CSU sickness rates remain consistently above target, with minimal reduction in sickness levels.
Whilst turnover rates have improved over the last 2 years, turnover did decrease between December and January to 9.46%. The highest turnover as at January 2025 was within Unplanned Care Services (9.87%) and Corporate Services (9.73%), followed Diagnostics Corporate Operational Services (9.67%.

People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals
NHS Foundation Trust

July 2025 – 0.43%
Special cause variation of a **deteriorating** nature



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Analysis

There has been an overall increase in agency paid in July 2025 (worked in June 25). The increase has been in the following staff groups, Professional Scientific & Technical, Nursing and Midwifery, Medical and Dental

Decreases in agency have been in the following staff groups AHP's.

Estates and Facilities, Healthcare scientists, Admin and Clerical & Additional clinical services have used no agency during July 2025.

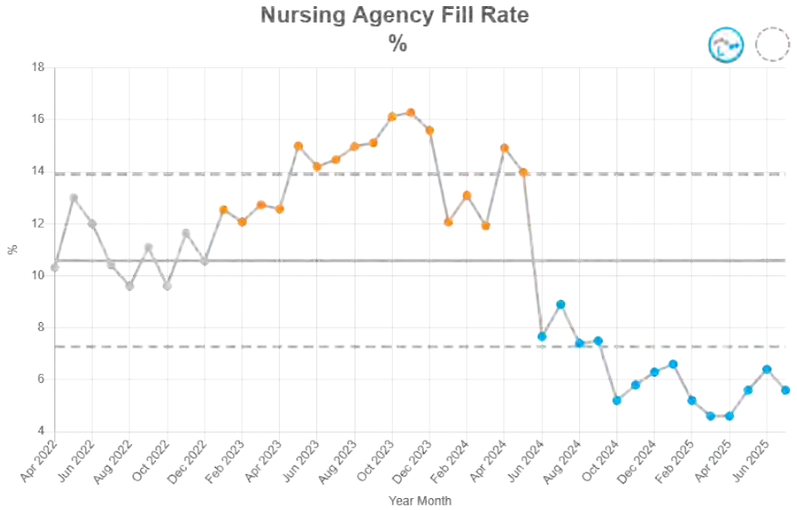
Risks, Mitigations and Assurance

The Trust wide bank is working across the Trust to reduce the reliance on agency. CSU's are working to remove agency where it is safe to do so. No risks have been identified by the removal of agency.

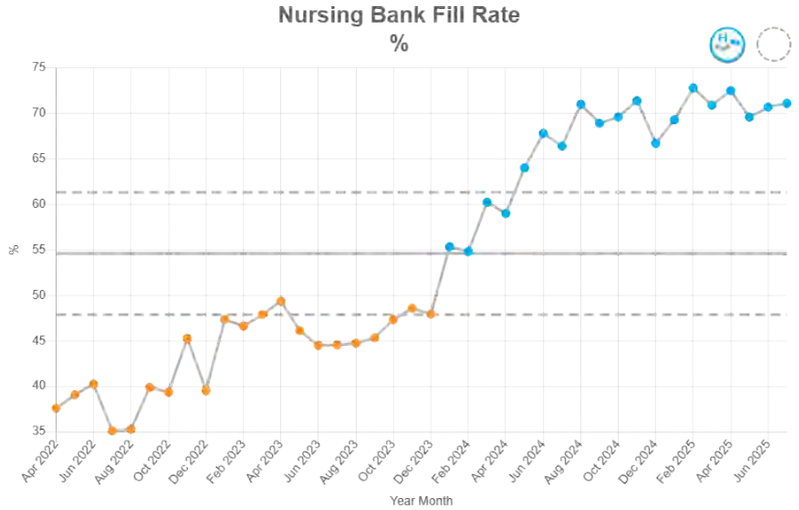
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals NHS Foundation Trust

July 2025 – 5.60%
Special cause variation of a **deteriorating** nature



July 2025 – 71.1%
Special cause variation of a **deteriorating** nature



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Analysis

Nursing Agency
Agency staff filled 205 shifts in the month of July. This is split 205 registered and 0 unregistered staff. Out of the 226 filled registered shifts, 175 were filled with registered theatre staff. In July Agency fill rates decreased for theatre staff by 1.55% for registered staff. Agency fill rates for HCA's are 0 as these have not been in use since September 2023.

Nursing Bank
Registered bank fill rates have increased in July by 0.4%. Unregistered bank fill rates have increased by 4.5% in July compared to June. Requests have increased from 3507 in June to 3673 in July for registered staff and an increase from 4476 in June to 4801 in July for unregistered staff.

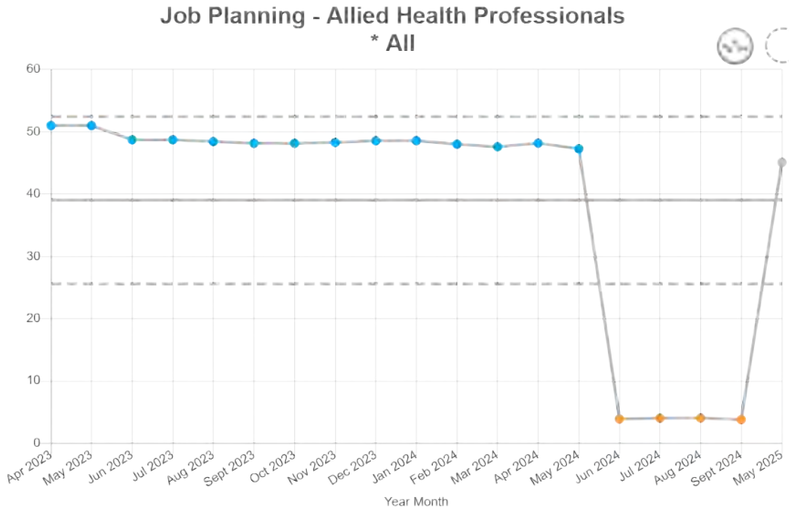
Risks, Mitigations and Assurance

From the 20th November 2023 a new nursing agency approval process was put in place to give assurance around agency use for nursing. Reports are being shared on a monthly basis with Nursing workforce lead.

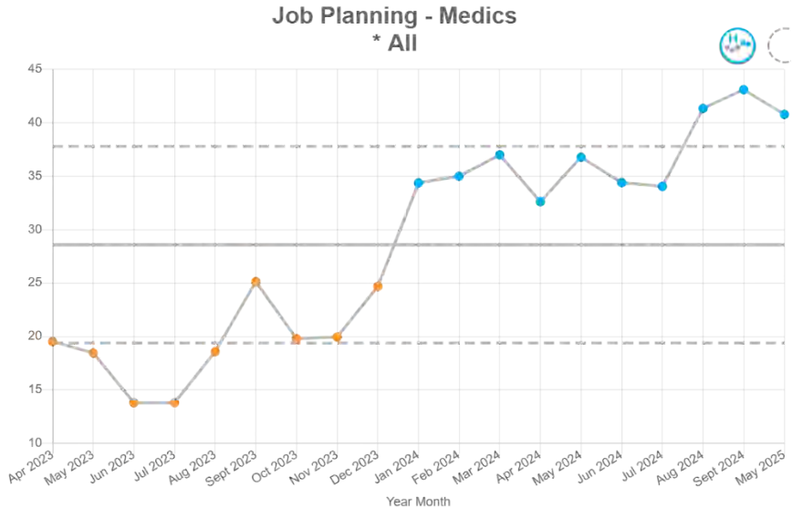
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals
NHS Foundation Trust

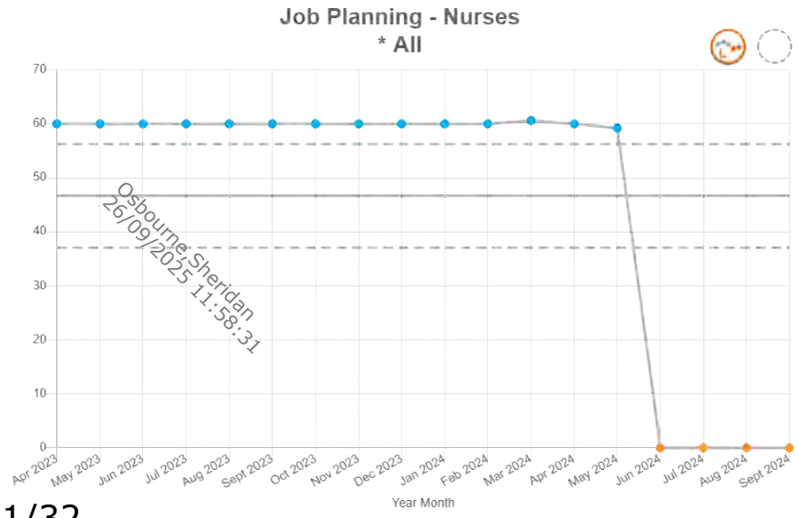
September 2024 – 45.08%
Common cause variation



September 2024 – 40.79%
Special cause variation of an **improving** nature



September 2024 – 0.0%
Special cause variation of a **deteriorating** nature



Analysis

There are currently 429 Medics & 419 AHPs currently registered within the system. The Clinical Nurse Specialists are not currently live on the system but should be by the end of June 2025.
Current sign off are as follows – Medics have 177 signed off, 41.26% and AHPs have 207 signed off which is 49.40%.
No reporting details for CNS as they are not on the system as yet.
Training is continuing to take place for both Medic and AHP teams.
Support/Training to commence for CNS colleagues.

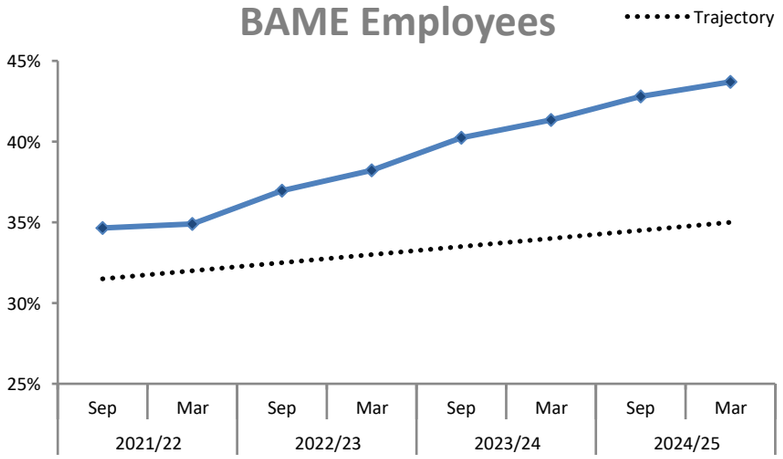
Risks, Mitigations and Assurance

CNS colleagues will be live from end June 25. Support and Training will be offered.
Support around job planning provided to colleagues in Medics and AHP.
Uptake is improving.

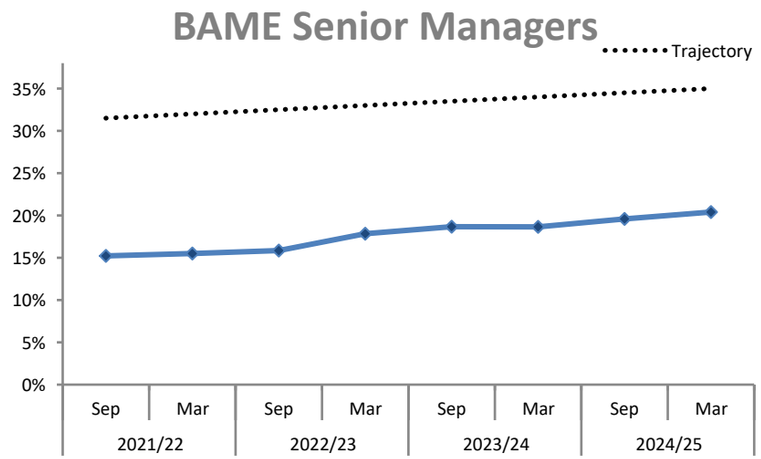
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals NHS Foundation Trust

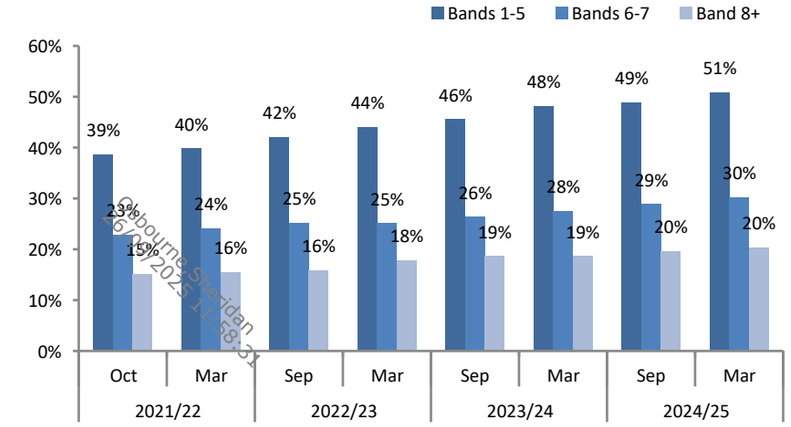
2024/25 Quarter 4 - 43.70%



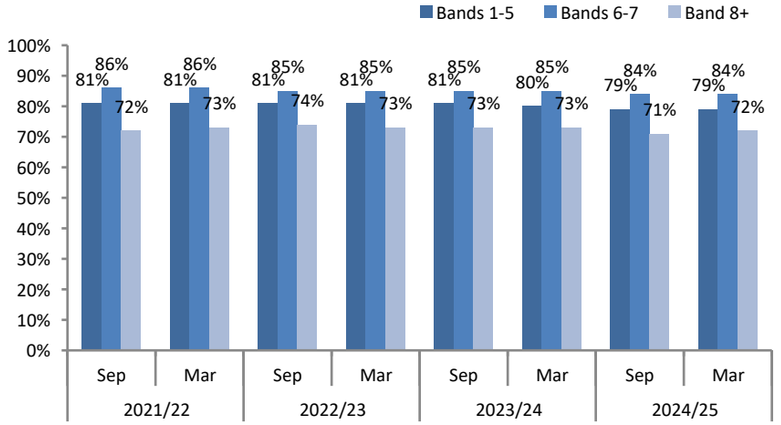
2024/25 Quarter 4 – 20.40%



2024/25 Quarter 4 – BAME employee % by band



2024/25 Quarter 2– Female workforce by band group



Analysis

The proportion of Ethnic Minority employees in the workforce continues to increase rising from 43% to 44% in the last 6 months as we continue to exceed our target of having an overall workforce reflective of the local population (35%). Representation at Senior Management level (Band 8+) has remained fairly static in the last 6 months with just a 0.4% rise from 20% to 20.4%. We have seen a 1% increase at Bands 6&7 (to 30%), which is encouraging. However Ethnic minority staff continue to be over-represented at lower levels in the organisation (a 2% increase to 51% for Bands 1-5). With 76% women in the workforce as a whole; women continue to be over-represented in the lower to middle bands (80% at Bands 1-5 with no change & 85% at Bands 6&7, with a 1% increase in the last 6 months). There has been a 1% increase in the percentage of women at senior management levels (Band 8+/ VSM) where women continue to be proportionately under-represented at 72%.

Risks, Mitigations and Assurance

At our current rate of trajectory, achieving our ambition to have a senior workforce reflective of the local population (35% by 2025) continues to be challenging. This will remain a key focus of our refreshed WRES action plan for 2025/2026, as we continue to focus our efforts on providing development opportunities for aspiring leaders from an ethnic minority background and in ensuring we consider more innovative positive action approaches to recruitment for senior level roles as they arise and engaging with the race equality staff inclusion network in ensuring that development offers meet the needs of our ethnically diverse staff. As Gender Equality Champion for the Trust our Chief People & Purpose Officer led the launch of a Gender Equality Network at our recent International Women's Day celebration event, and we have been working to recruit to key network roles. The network will have a voice at key decision-making meetings (People Academy/ EDC). A workshop which took place on 1st May provided opportunity for this new network to agree TOR and to develop some key areas of activity in relation to our refreshed Gender Equality action plan. Key areas of focus continue to be "women in leadership, addressing potential blockages to development, with particular focus on flexible working for front line workers and including focus on encouraging more men into traditionally female

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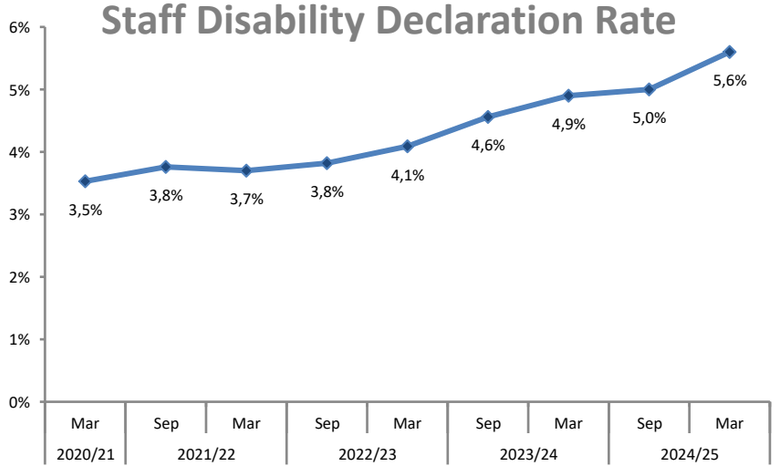
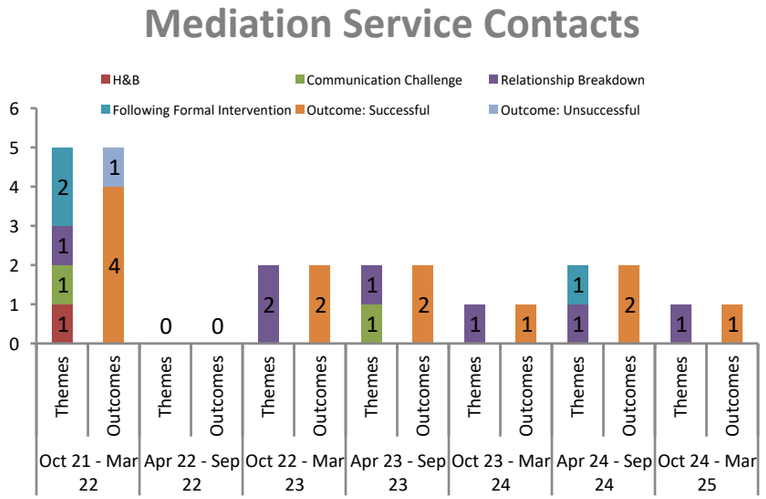
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals NHS Foundation Trust

2024/25 Quarter 4- 5.6%



2024/25 Quarter 2



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Analysis

Our disability declaration rate (as recorded in the Electronic Staff Record/ ESR) continues to rise very slowly with a small, but positive increase of 1% in the last 6 months to 6%.

Just 1 mediation has taken place since the last update (with successful outcomes for both parties). An additional 2 cases were arranged but didn't go ahead. There are 2 more cases currently pending with a further case in discussion.

Risks, Mitigations and Assurance

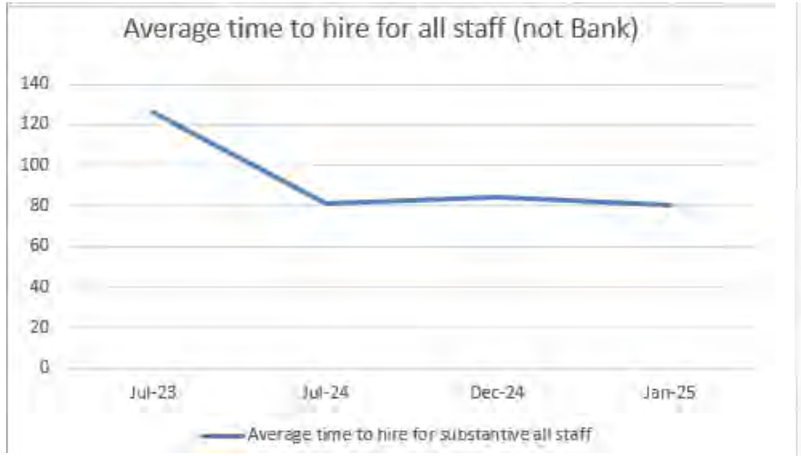
Disability Declaration: Whilst the 2024 staff survey results only represent 50% of our workforce, there continues to be a much higher proportion of staff survey respondents (c. 24% in 2024) who declared a disability/ long term health condition, indicating there may be a number of staff who are not declaring their status in ESR. We continue to work with our Enable staff network in increasing confidence to declare a disability. . Our WDES action plan (which was approved at October People Academy) will continue to provide focus to improving the experience of colleagues with a disability or long-term health condition, which we hope will drive up declaration rates. We will have renewed focus over the next 12 months as we embark on a review of our disability equality policy and pursue the achievement of Disability Confident (level 3) leader accreditation, which will require a number of improvements in how we raise the profile of disability equality, how we report on our activity and how we support colleagues across the Trust.

Mediation continues to provide a crucial role in supporting staff to deal with any workplace disagreements/conflict and is an important tool for 'nipping issues in the bud' and repairing relationships that may have been damaged by formal processes. The mediation service will become a key component of the newly developed Respect, Civility and Resolution policy and process when it is finalised over the next couple of weeks and whilst the EDI team are working to raise the profile of mediation through the EDI Managers training, the service should benefit from a re-launch as part of the implementation phase of the new policy.
We are mindful that some trained mediators have left the Trust. We are in early discussions around recruiting new mediators and also providing refresher training for existing mediators. In addition to this, co-ordination of the service is undergoing a gradual transfer to HR to minimise potential delays and the number of people involved in the process.

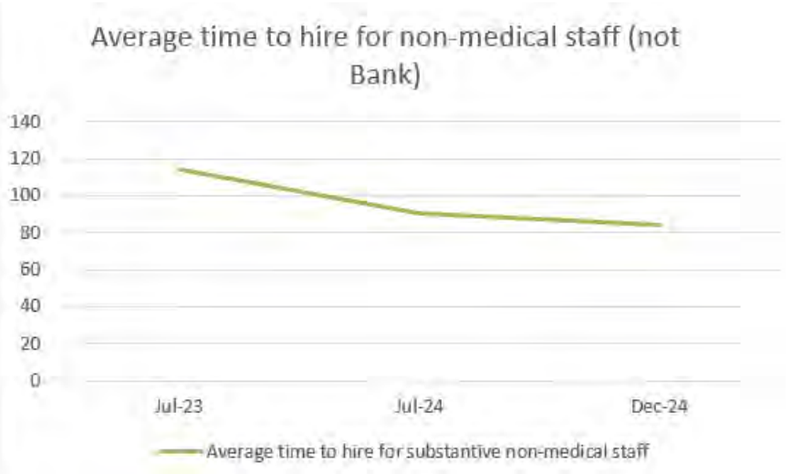
People – Engagement – To be in the top 20% Employers

Bradford Teaching Hospitals
NHS Foundation Trust

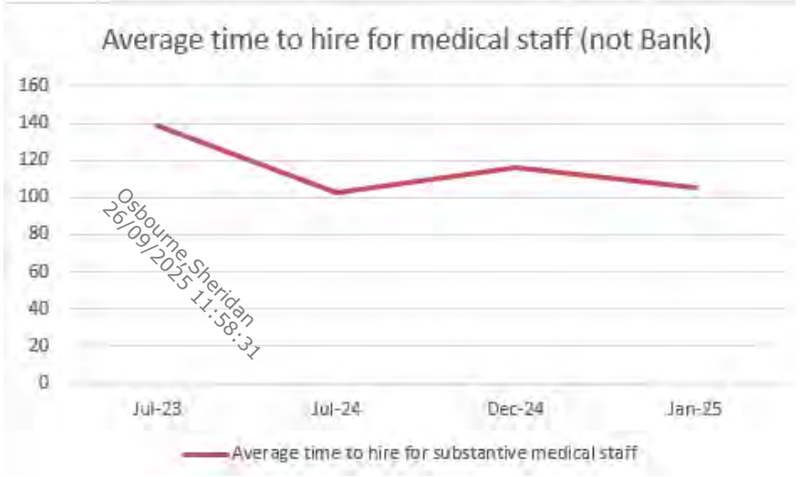
January 2025 Total substantive staffing – 80.3 working Days
Special cause variation of an **improving** nature



January 2025 Recruitment – 77.9 Working Days
Special cause variation of an **improving** nature



January 2025 Medical – 105.1 working days
Special cause variation of an **improving** nature



Analysis

The Recruitment Time to Hire programme Board was set up in September 2023 following dissatisfaction with the overall recruitment process at BTHFT. The 3 main aims of the programme board was:
reduce average time from advert close to start date
improve the recruitment experience for all staff
improve the recruitment experience for candidates.

In the past 18 months we have changed the way the recruitment and medical recruitment teams work, audited the communications, improved the use of data evidence to make decisions. This has led to significant improvements and anecdotally we have received very positive feedback about recruitment from recruiting managers, and the HiRE Board members, representing the Trust. In particular, the quality and timely communications have led to an overall improvement in the candidate experience and an improved onboarding process.

Processing the recruitment elements continues to improve month on month and analysis of the data enables resources to be moved around to focus on bottlenecks. Despite the improvements, the time to hire for colleagues taking up post in February, was slightly longer due to shortlisting and interviewing delays over the festive period.

Time to hire (non-medical) increased slightly from 79 days in April 2025 to 81.2 days in May. The time taken from advert to checks completed is 59.2 days (April 2025), meaning that the remainder of the time is as a result of individuals available and notice periods.

Medical recruitment has reduced to 118.3 in May due to strengthening the relationships with recruiting managers and improving the time to shortlist and interview.

Risks, Mitigations and Assurance

Time to Hire continues to improve, although there was a slight dip in May where overall time to hire has taken 81.2 days when compared to 79 days in April. This is largely attributed to notice periods and delays in interviewing that we continue to attempt to influence. By nature, recruitment to permanent Consultant posts takes longer due to the team being unable to complete checks until the confirmation of completion training (CCT) and Specialist Registration with the General Medical Council (GMC). Recruitment of new Consultants is lengthy with many interviewed up to 6 month before their CCT date, leading to a longer-than-average time from conditional offer to completion of pre-employment checks A number of consultant international agency workers have had longer DBS clearance time affecting the overall time to hire.

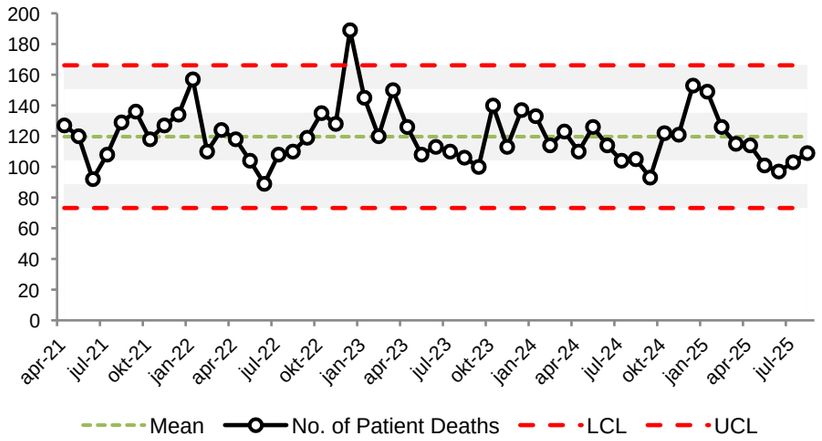
In addition, there are examples of practice where it has taken 5 months to arrange an interview date for consultant posts, which have been outside HR control. These are being addressed with the service areas.

Clinical Effectiveness - To provide outstanding care for patients

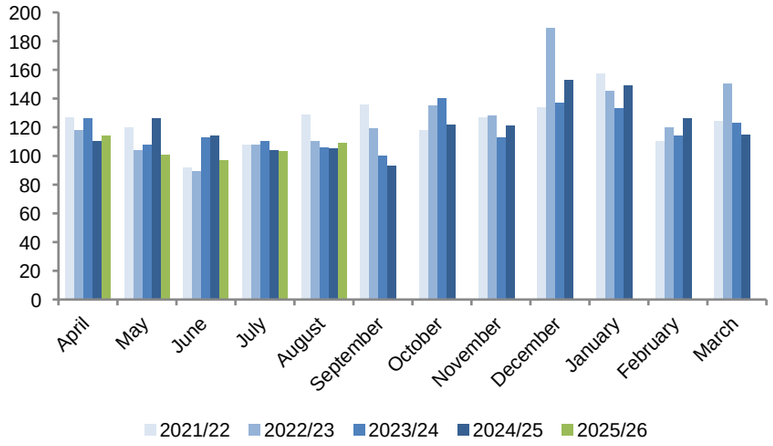
Bradford Teaching Hospitals NHS Foundation Trust

August 2024 – 109 Adult Inpatient Deaths

Adult Inpatient Deaths at BTHFT (*April 2021 - August 2025*)

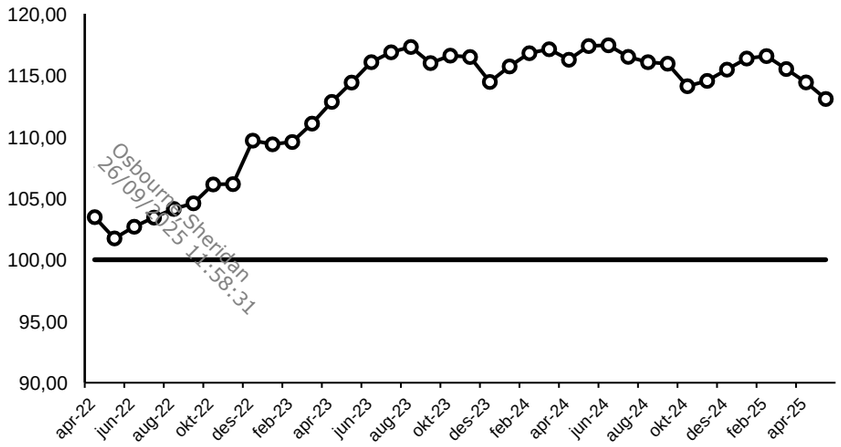


Number of Deaths by Month and Year (*April 2021 - August 2025*)



SHMI 12-month Rolling – 113.08 (*figure covering June 2024 – May 2025: Reported August 2025*)

SHMI (12-month Rolling)



Analysis

The Summary Hospital-level Mortality Indicator (SHMI) shows the ratio of the observed to the expected number of deaths up to 30 days after discharge from hospital, multiplied by 100. The SHMI reports on mortality at trust level for acute trusts across the NHS in England and is evaluated over all diagnosis groups in a specified patient group. It excludes stillbirths, and a death is counted only once and to the last discharging acute provider. The SHMI value is not an indication of avoidable deaths or a measure of the quality of care delivered.

Learning, Improvement, Assurance

In August 2025, the Trust saw 109 adult inpatient deaths. This is a slight increase on July but is still below the Trust average.

SHMI has decreased again to 113.08.

Having identified the main issue surrounding submission of historical coding data, along with continued efforts from the Coding Team to eliminate any backlog, our SHMI has been updated by NHS England to reflect these changes.

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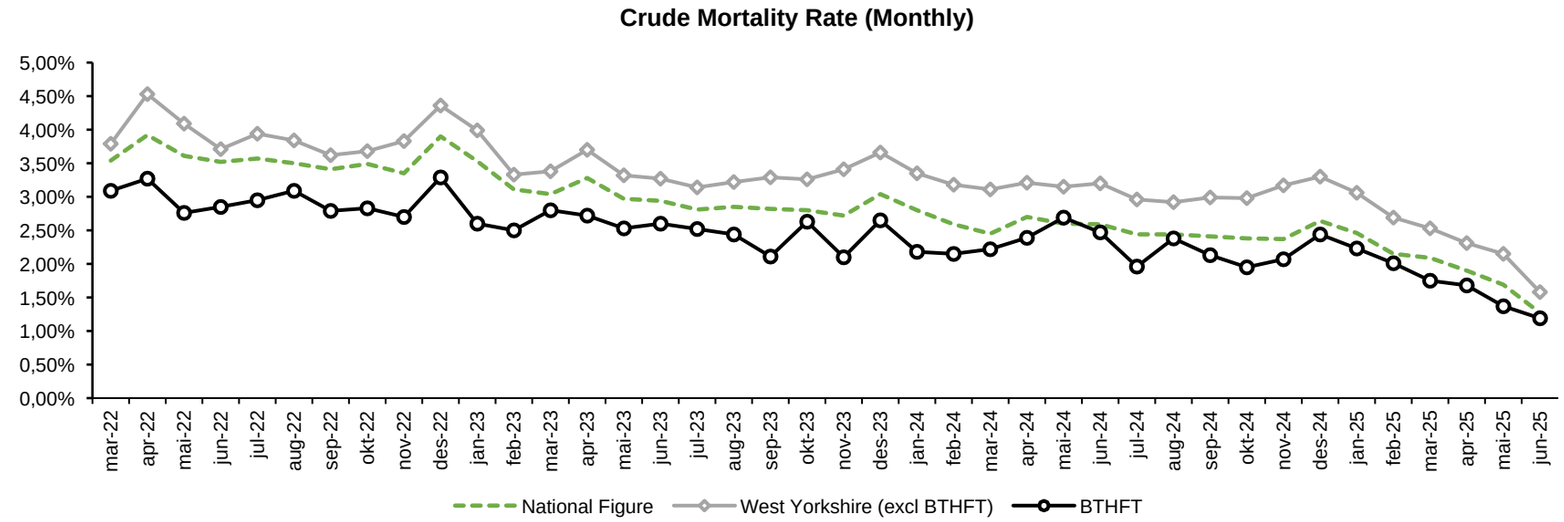
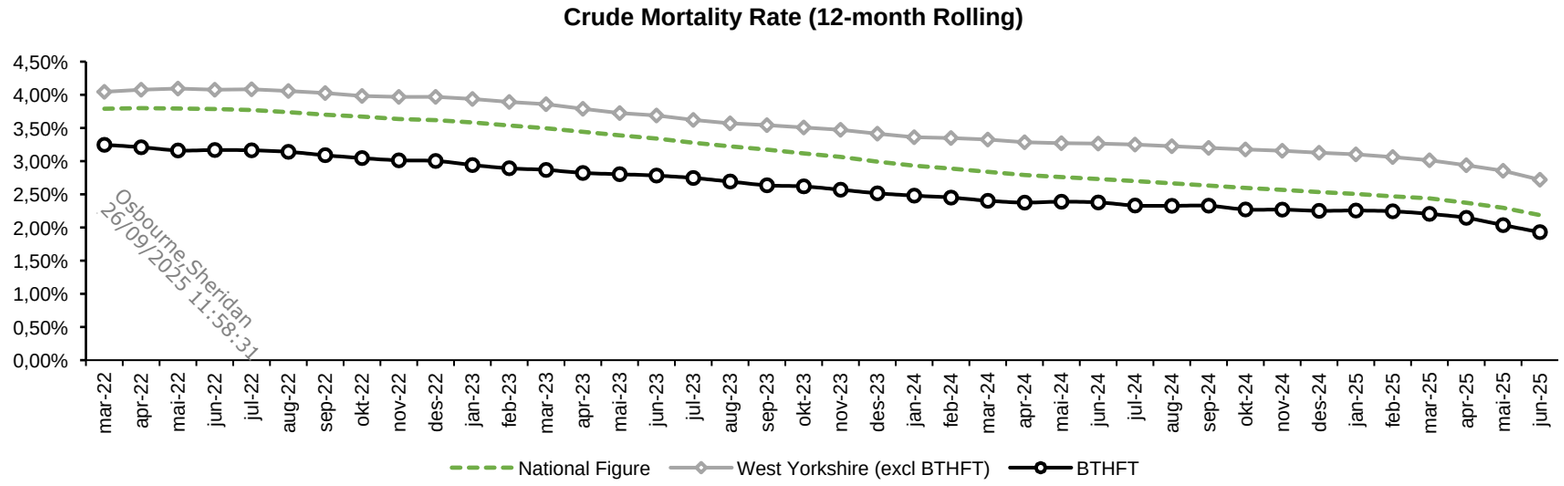
Bradford Teaching Hospitals NHS Foundation Trust

Crude Mortality Rate (monthly) – 1.19% (*figure for June 2025: Reported August 2025*)



Crude Mortality Rate (12-month Rolling) – 1.93% (*figure covering July 2024 - June 2025: Reported August 2025*)



Analysis

Our crude mortality rate has reduced again to 1.19% for the month of June 2025, the latest reported figure *(reported in August 2025)*. BTHFT had the lowest crude mortality rate in West Yorkshire for the month and we are currently below the national average.
As a 12-month rolling average, BTHFT currently has a mortality rate of 1.93%, lower than the national average of 2.19% and well below the average for the rest of the West Yorkshire region, which has an average rate of 2.72%.

Learning, Improvement, Assurance

Crude mortality rate is a measure of the number of patient deaths as a proportion of overall patient activity. Crude Mortality Rate is an excellent way of looking at the rate of patient deaths as it takes into account the activity of the hospital by using the number of patient discharges as the denominator.

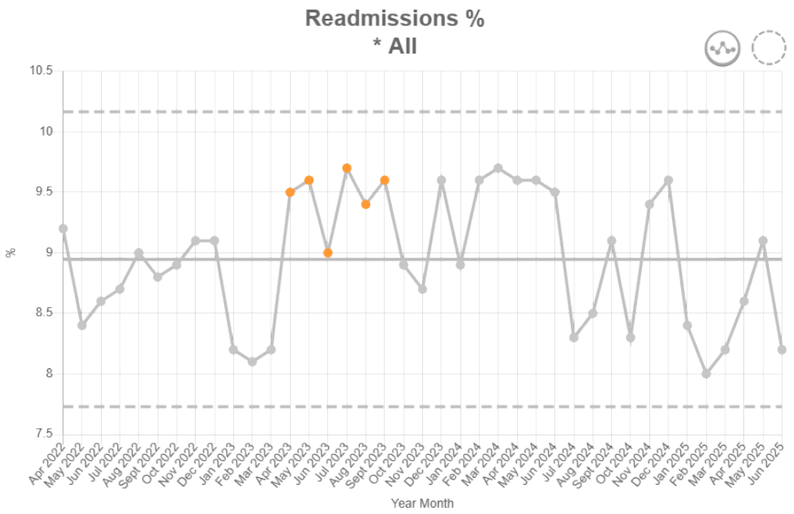
Since the discontinuation of HSMR by NHS England, the Learning from Deaths Team at BTHFT have chosen to focus on our crude mortality rates to balance against SHMI.

Our Crude Mortality Rate provides assurance that we continue to see very low rates of mortality at BTHFT despite a high SHMI value.

Clinical Effectiveness - To provide outstanding care for patients

Bradford Teaching Hospitals
NHS Foundation Trust

June 2025 – 8.2%
Common cause variation



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Analysis

Overall re-admissions within 28 days in 2025 have decreased slightly compared to 2024.
Data analysis indicates that this, and one of the reasons why our re-admission rates appear higher than regional average, is down to the coding of patients who are brought back for a planned follow-up after an initial Non-Elective spell (e.g. GATU/EPAU, paediatrics and general surgery). Coding has been adjusted in most cases to reflect the correct pathways

Learning, Improvement, Assurance

There is on-going work with BI, performance and CSUs to understand if there needs to be a different approach to the coding of a planned returners.

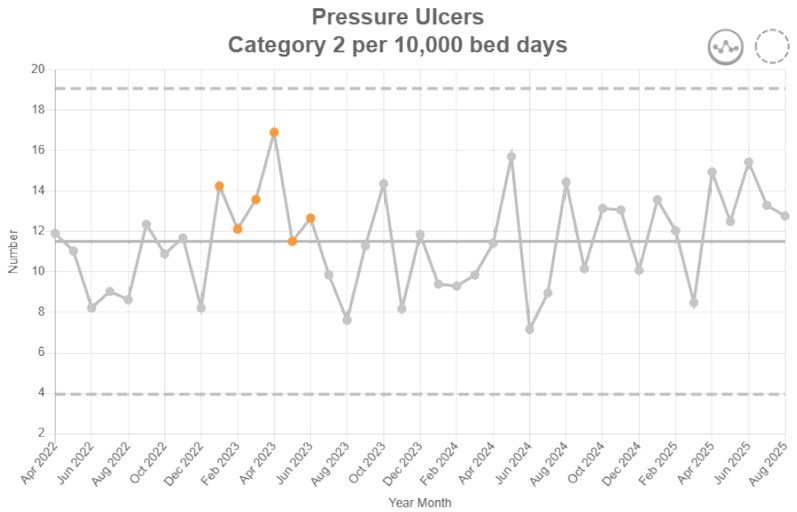
Generally higher re-admission rates are a marker of a poor or failed discharge from hospital and can indicate avoidable unplanned emergency admissions. However, what appears to be driving some our higher figures is actually a safety netting process to keep patients safe post-discharge.

The balancing metrics relating to in-patient care (LoS, crude mortality, long LoS in AED) are all in the upper quartile when comparing our peer group.

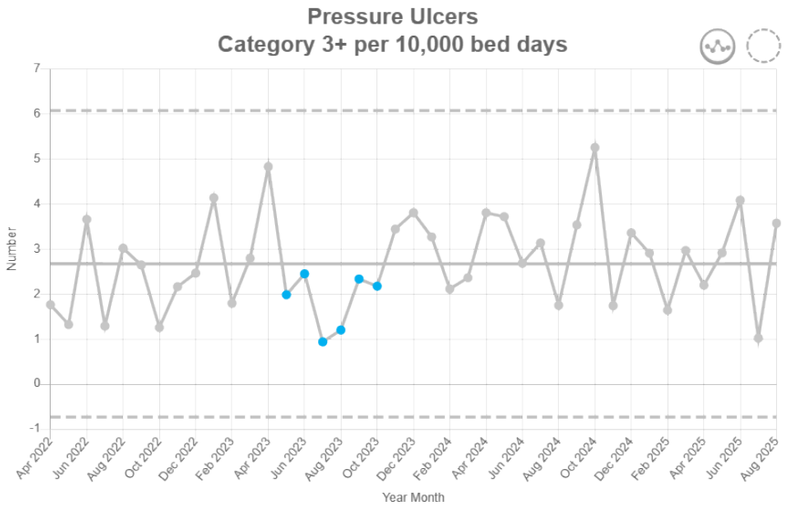
Clinical Effectiveness - To provide outstanding care for patients

Bradford Teaching Hospitals NHS Foundation Trust

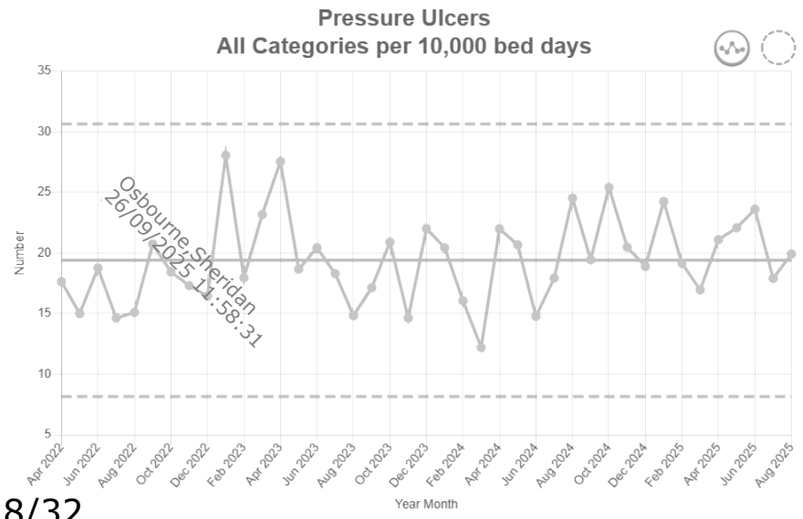
August 2025 – 12.8
Common cause variation



August 2025 – 3.60
Common cause variation



August 2025 – 19.9
Common cause variation



Analysis

In July & August the number of pressure ulcers per 10,000 bed days decreased but is still within normal variation. Category 2 incidents are above the control limit but cat 3+ decreased in July but rose in August.

Risks:
1. Increased incidents on wards 29 & 31
2. Continued incidents on ward 23

Learning, Improvement, Assurance

Risks:
1. Increased incidents on specific wards..

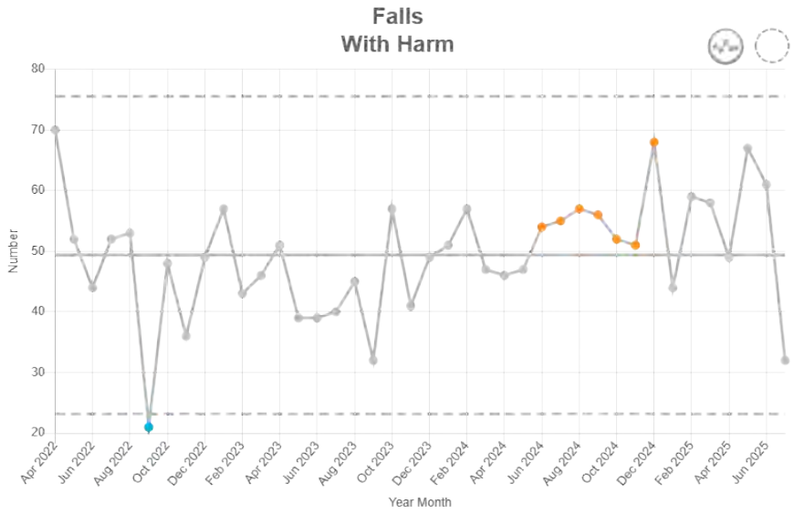
Mitigations:
1. Update to pressure ulcer SSKIN bundle on EPR is live on EPR.
2. Quality improvement support has been provided to wards 23, 26, ED & 17 by TVN.

Assurance:
1. Education and training is being delivered to new starters and existing staff (e.g. HCA bootcamp, e-learning modules) and bespoke training to clinical areas e.g. stroke & neurology.
2. The pressure ulcer improvement group meets monthly and ward teams share their data (pressure ulcers, training figures), learning from incidents and improvement plans. Most ward areas have presented to the group at least once.
3. Learning & improvement:
4. Ward 26 is continuing work on visual prompts for repositioning using the Model for Improvement methods. The past 2 months has seen a reduction in incidents and documentation has improved.
5. ED have developed a QI storyboard and improvement plan. First steps are to raise awareness and completion of initial skin assessments and pressure ulcer risk assessment within amber zone and HDU within 6 hours of triage. Testing role of HCA champion.
6. Ward 23 are focusing on repositioning, use of slide sheets and supervision of care.

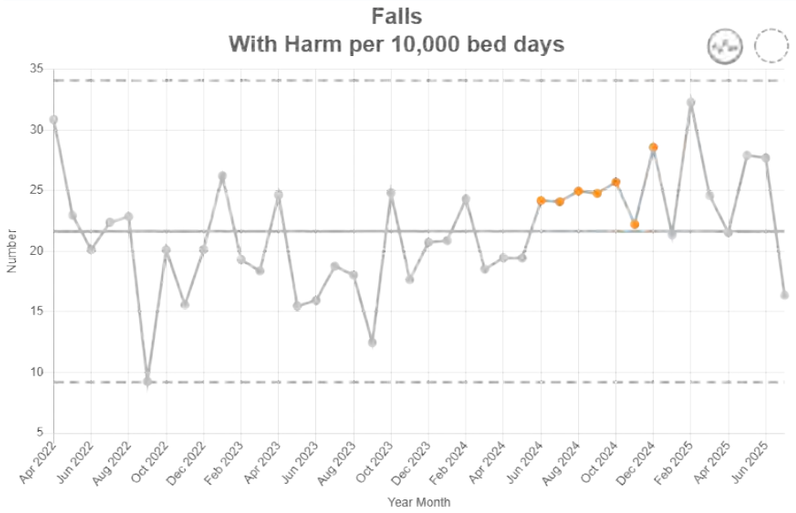
Clinical Effectiveness - To provide outstanding care for patients

Bradford Teaching Hospitals NHS Foundation Trust

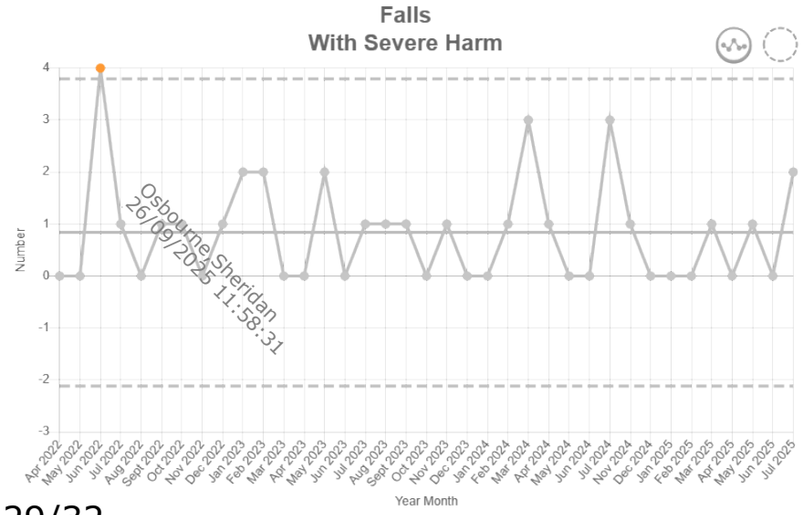
July 2025 - 32
Common cause variation



July 2025 – 16.37
Common cause variation



July 2025 - 2
Common cause variation



Analysis

Learning, Improvement, Assurance

- Every fall that occurs within the Trust continues to be reviewed by the lead Nurse for Falls to ensure that all appropriate post falls care has been provided and learning identified.
- All falls are reviewed using the Royal College of Physicians hot debrief and after action review process in line with PSIRF with referral to SEG where appropriate should a PSII need to be considered.
- CSU's are requested to attend the falls improvement group to discuss ward data and themes from learning.
- There is focused bespoke support and training provided by the Lead Nurse to wards and areas who's falls rate is in the top 3 highest falls across the Organisation or where there have been specific issues or challenges identified.
- Key worker training dates continue and have been well attended to provide ongoing focused support to staff fulfilling those roles.
- The annual falls equipment review audit was completed in January 2025 to support wards to identify if they have sufficient resources to manage the falls risks. This is in line with the new contract for falls sensors which will be rolled out in February 2025.
- Volunteers have been recruited to looking at supporting patients to be occupied and engaged on specific wards to reduce the risk of patients attempting to stand unsupervised. This is being monitored with a view to rolling this out to other high risk wards.
- Bedside visual checks are now accessible on EPR. This is an essential part of the multifactorial risk assessment that should be completed on all patients deemed at risk.
- We have launched our 'mission statement, and 'Get the 6 pack' for ward areas.
- The National Audit for In Patient falls now monitors all fractures and head injuries within the Trust.

Clinical Effectiveness - To provide outstanding care for patients

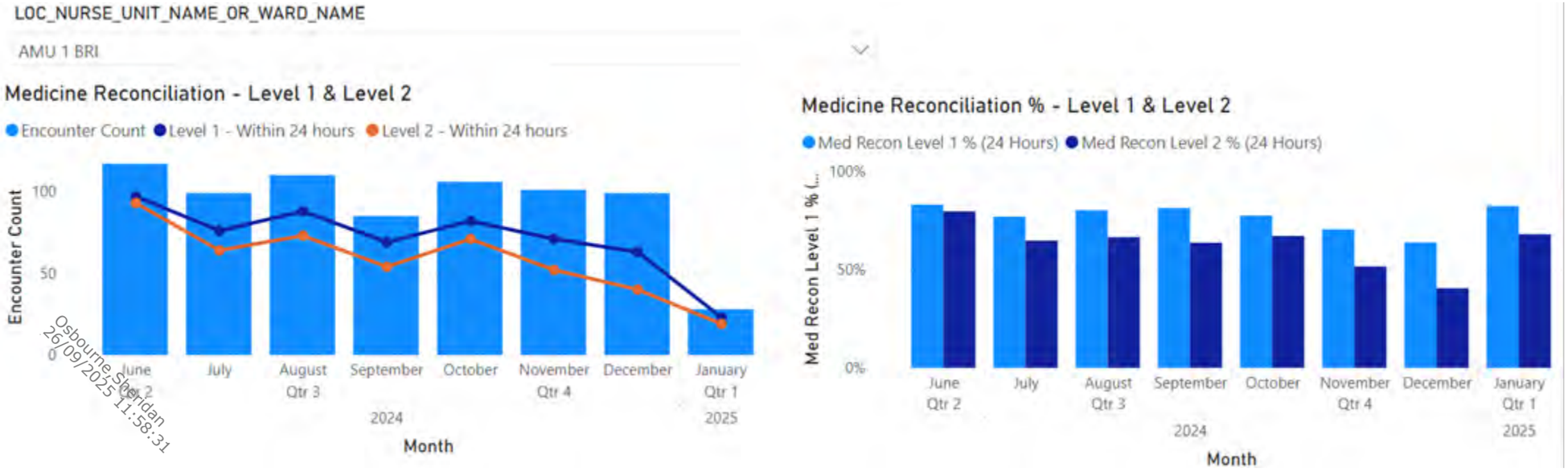
Proposed Medicines Management Metrics

Bradford Teaching Hospitals NHS Foundation Trust

Analysis

Following discussions held between the Quality Team, Medicines Management Team and Business Intelligence, there is ongoing work to bring new, measurable metrics for Medicines Management.
These metrics are being actively worked on by Business Intelligence and the Pharmacy Team. Progress is being made on ward-by-ward basis with data quality checks and validation being undertaken by the Pharmacy Team each time a ward is added into the metrics. This is to ensure accuracy of the data being produced by the Power BI dashboard.
Whilst wards can be added quickly by the BI Team, the validation process by Pharmacy is time consuming. Once all wards have been stress-tested and data validation completed to ensure the metrics are working as they should, Trust-wide reporting will begin.

Business Intelligence have supplied an example image of how the data may be presented upon completion of the project:

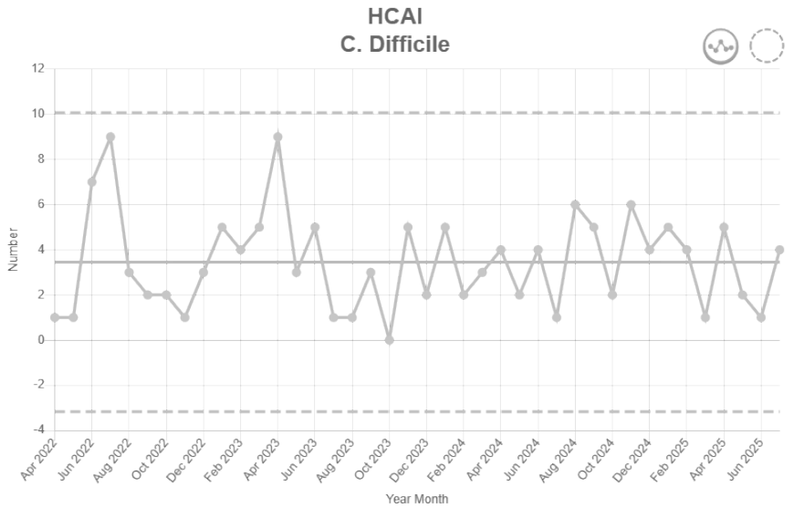


Please note that the data used for this representation is still undergoing validation and is not representative for this ward.

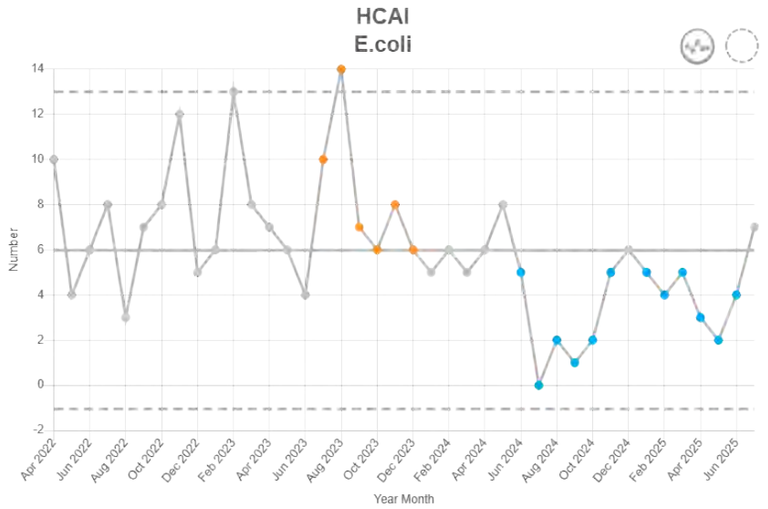
Clinical Effectiveness - To provide outstanding care for patients

Bradford Teaching Hospitals NHS Foundation Trust

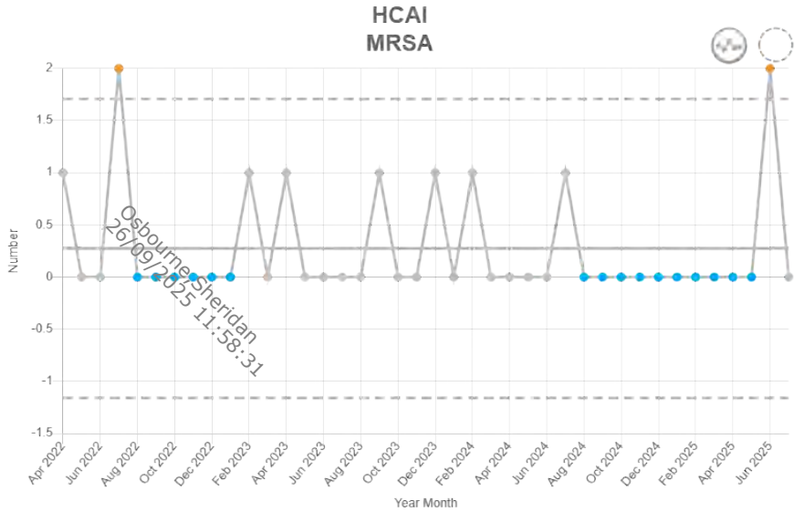
July 2025 – C. Diff Cases - 4



July 2025 – E. Coli Cases - 7



July 2025 – MRSA Cases - 0



Analysis

E. Coli Bacteraemia
Consistent improvement in E. coli bacteraemia has been observed in last few months.especially since the implementation of hydration improvement project. However, increase in number of cases has been observed in July 2025. These are sporadic cases in different wards. We will closely monitor the cases in future.

Clostridioles difficille Infection
An increase in the number of C. diff infection cases have been observed since August 2024. The review of cases was carried out. Different ribotypes have been identified in the recent cases which means no transmission between patients has occurred. Majority of the cases had multiple antibiotics resulting in C. diff infection. A comprehensive review of antibiotics was caried out by the antimicrobial pharmacist to identify any learning in antimicrobial prescribing practice. More efforts are being put to improve the practice of switching from IV to oral antibiotics.

MRSA Bacteraemia
No MRSA bacteraemia cases have been observed in last six months. Only one case has been observed in the last 12 months.

Learning, Improvement, Assurance

Clostridioles diff Infections reduction plan.

- CDI Improvement plan in place with regular updates.
- Immediate review of cases for quick learning
- Triangulation of cases using PSIRF
- Multidisciplinary team meeting in case of increase in the cases
- Adhoc and regular environmental audits
- Commode audits with IRIS on non-compliance
- Dedicated antimicrobial Stewardship pharmacist
- Data collection on compliance to Start Smart and Focus

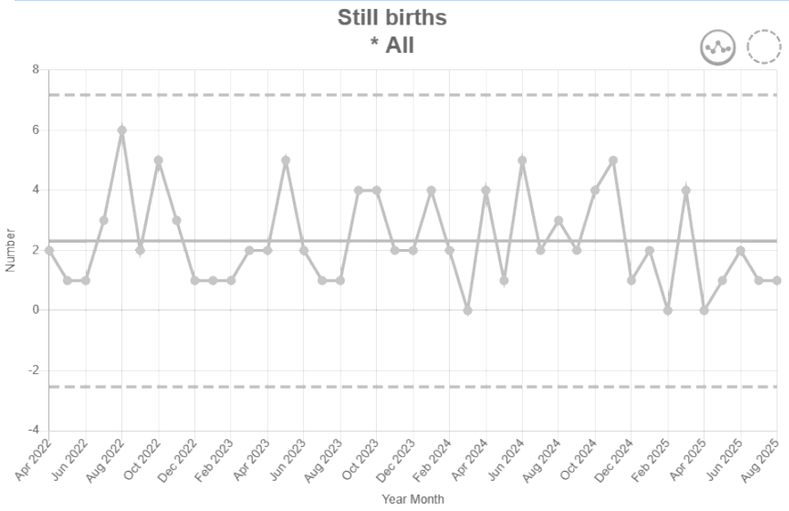
Bactearaemia Reduction plan

- A comprehensive improvement plan updated regularly
- Immediate review of bacteraemia cases for quick learning
- Triangulation of cases using PSIRF
- Preparing for ANTT accreditation
- Updated SOP for Central Venous Access devices (CVAD)
- Support Gloves off Campaign
- Hydration improvement project
- Audits of Octenisan compliance (IRIS on non-compliance)
- Addition of a tool to ask patients about Octenisan bath

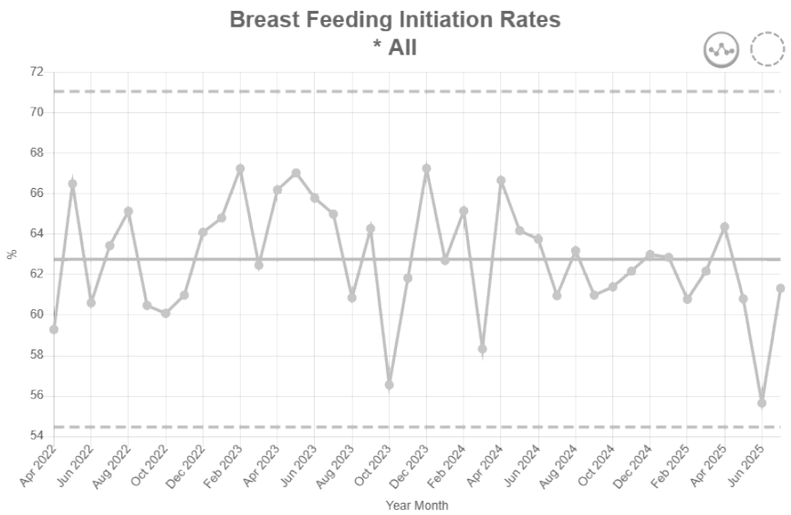
Clinical Effectiveness - To provide outstanding care for patients

Bradford Teaching Hospitals NHS Foundation Trust

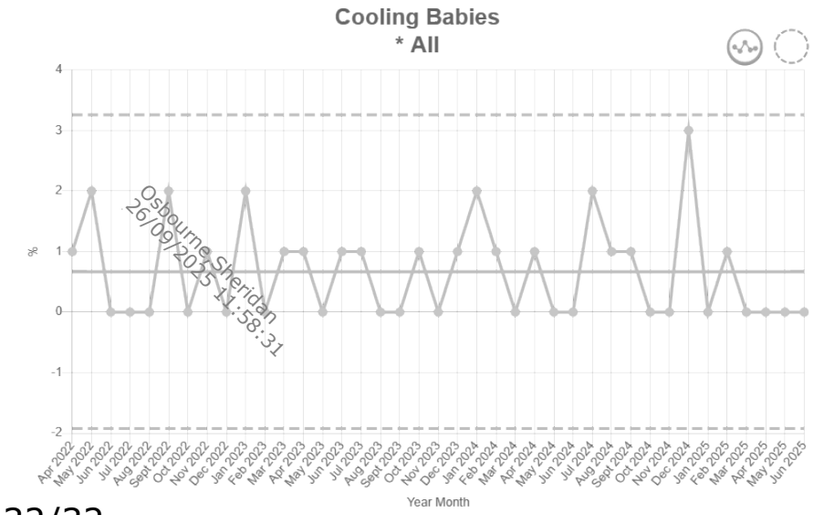
August 2025 - 1
Common cause variation

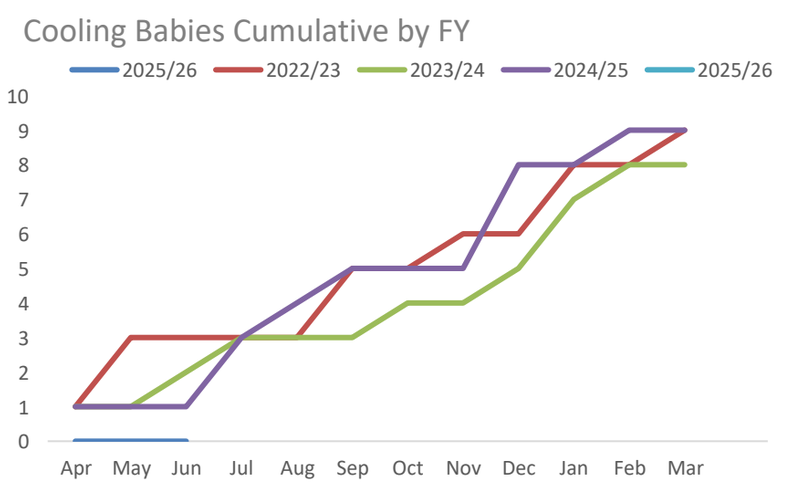


July 2025 – 61.33%
Common cause variation



June 2025- 0
Common cause variation





Analysis

Stillbirths are monitored and reported on a monthly basis, with a thematic approach if more than 4 are reported in any month. Each baby is subject to a Perinatal Mortality Review Tool (PMRT) and any intrapartum stillbirth of a term baby is referred to MNSI for independent investigation.

All cooled babies meeting MNSI criteria are referred for independent investigation.

Cooled babies not meeting MNSI criteria are reviewed as an MDT case review and after action review/PSSI as required.

Learning, Improvement, Assurance

The service is meeting the MIS saving babies lives version 3 standards and continues to progress a number of initiatives to reduce inequalities which continues to be a theme within the PMRT reviews.

ANNUAL SECURITY BOARD REPORT 1 APRIL 2024 – 31 MARCH 2025				
Meeting Date:	25/09/2025		**Agenda Reference:**	Bo.9.25.15e
Report Title:	ANNUAL SECURITY BOARD REPORT 1 APRIL 2024 – 31 MARCH 2025			
Presented by:	David Moss (Director of Estates and Facilities)			
Executive Lead:	David Moss (Director of Estates and Facilities)			
Author:	William Hall – Violence Prevention & Reduction Lead / Local Security Management Specialist			
Report Summary				
Purpose of the paper:	Decision ☐	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	The report sets out the Trust's progress in the management of security and demonstrates the work undertaken to address current crime trends at Bradford Royal Infirmary and St Luke's Hospital sites during 1st April 2024 to 31st March 2025. This report is presented to the Executive Management Team for noting and provides assurance in relation to the management of security within the Trust during 2024/2025. The Security Service operates 24/7 across BRI & SLH hospitals with an operational team of 17 officers rotating with 4x on shift at BRI in a 12-hour period, and 1x officer on duty per 12 hours at SLH. Previous Security papers presented highlighted service provision risks and concerns with regard to workforce, an increase in demand and the requirements of staff and clinical colleagues, resulting in an extreme risk being placed on the Estates & Facilities risk register. The Senior Supervisors have been integrated into the department throughout 2024/25 after receiving approval from the executives in 23/24. Work is ongoing to improve the team's line management processes and to provide support across all clinical areas now that they are operating 24/7 across the Trust site. The team has also seen the addition of 4 WTE staff join to support the Accident and Emergency department with dedicated support after a pilot programme was run and a successful business case approved. This has resulted in positive outcomes for both staff and patients, making the area safer and more secure while also reducing serious incidents. The Trust has been targeted for Car crime in the reporting period, specifically integrated satellite navigation systems and figures can be seen in the report below. The Security Steering Group was stood down during the pandemic and temporarily superseded by the VPR Sub-Committee, which will manage and deliver the organisation's obligations regarding violence prevention and reduction and security management. During 2025/26, the Security Steering Group will recommence to support the overall security direction and operational management of security-related issues within a clinical setting around the Trust Site.			

Osbourne.Sheridan
26/09/2025 11:58:31

	Reported violence and aggression (threatening behaviour/verbal abuse) figures for the reporting period 1 April 2024 and 31 March 2025 have slightly decreased (-94) compared with previous years. This may be more reflective of the actual number of incidents staff, patients and others are faced with. The increase in IRIS reporting may in part be due to the dedicated engagement work undertaken by the Security Services to encourage reporting of incidents. Work has been undertaken within the key areas of concern following incidents highlighted, these include AED, ICU, Ward 4, Ward 17, Ward 27, Ward 28, ward 18 and Wards 30/32. The report provides details on the work that has been undertaken during 2024/2025 to proactively manage security within the Trust through the following key work stream areas: • Risk Assessments • Management of violence and aggression, including physical assault (VPR) • Theft/Criminal Damage • Anti-Crime work undertaken • Anti-social behaviour reduction working in partnership with WYP. • Working in partnership with the homeless team to reduce the number of homeless individuals within the ED for refuge. • Proactive engagement with clinical areas *The full annual report is available in the Board of Directors Reading Room on Admin Control* click here
Recommendation/s: (including any decision/approval required)	*The Trust board is asked to note the content of the report, specifically:* 1. The number of reported incidents remains a concern, specifically in relation to clinically related challenging behaviour, physical assault and violence and aggression, as well as significant under-reporting across the Trust and the lack of staff wishing to provide statements to the police to ensure that appropriate sanctions are gained where appropriate. 2. A continued need to focus on engaging staff to improve reporting, intervening and de-escalating behaviours at the earliest opportunity to reduce the incidence of violence and aggression and to reduce opportunities for criminality, such as theft of personal property and Trust assets, to occur. 3. Ongoing concerns from staff due to an increasing number of thefts from our carparks and the crime taking place in the surrounding areas, and the requirement for a dedicated resource within the car parks focused on increasing revenue, detecting, and deterring crime, ensuring property remains safe on site . The installation of barriers within our car parks is underway and this will ensure we have controlled entry/exit to restrict unauthorised access, improve revenue capture and accountability, deter criminal activity and improve perception of safety among staff and visitors. 4. The Head of Service - Security and LSMS/VPR lead will continue to work on the VPR standards, and report on progress on this work will be monitored through both the Health and Safety Committee and the People Academy and reported through the 2024/25 Annual Security Board report.
Link to Strategic Objective:	People - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion

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Link to Priority Initiatives 2025/26:	N/A
Implications	
Risk:	Risk ID 2697 There is a risk that we will not be able to provide adequate security levels due significant absences in the team resulting in leading to potential increase in security incidents and failure to meet regulations resulting in harm to patients, staff and visitors, and regulatory breaches.
Legal/Regulatory:	N/A
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	Finance and Performance Committee 17/09/2025

Osbourne Sheridan
26/09/2025 11:58:31

Health and Safety Annual Report 2024/25			
Meeting Date:	25/09/2025	**Agenda Reference:**	Bo.9.25.15f
Report Title:	Health and Safety Annual Report 2024/25		
Presented by:	David Moss (Director of Estates and Facilities)		
Executive Lead:	David Moss (Director of Estates and Facilities)		
Author:	Caroline Nicholson, Head of Non-Clinical Risk		

Report Summary				
Purpose of the paper:	Decision ☐	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐

Summary of Key Issues/Highlights:

The Health and Safety annual report provides summary information relating to principal activities associated with the management and promotion of Health and Safety issues during 2024/25

Introduction

The Health and Safety annual report provides summary information relating to principal activities associated with the management and promotion of Health and Safety issues during 2024/25. It also highlights the current key priorities for the Health and Safety team during this current financial year. The report provides a summary of a gap analysis undertaken in relation to key areas of legislation, guidelines and Trust compliance. This approach of identifying gaps and risks associated with health and safety legislation and regulations benefits the Trust as it provides a clear position and highlights areas for improvement.

During 2024/25 the Health and Safety Committee has undertaken a full review of the Terms of Reference, format and agenda following the arrival of a new Executive Chairperson. The review re-focused health and safety for all members including extending the invite out to new members.

The Health and Safety Team have worked closely with the Care Groups and Corporate Departments, the report highlights any gaps in health and safety that the Trust need to be aware of as well as providing detail of what has moved forwards such control of substances hazardous to health and fire training. Priorities have changed for the health and safety team during 2024/25, there has been a greater need to support the Estates and Facilities department whilst moving forward with the requirements of the whole Trust whilst working with a reduced team.

Several of the actions from the 2024/25 annual report action plan are still to be completed and are on-going with the outstanding actions going forward into 2025/26.

The Trust continues to carry a significant risk within backlog maintenance due to the age of the building in particular Fire, electrical safety, water, ventilation, roof safety and working at height.

Resource challenges are evident across the Trust with the increase of several risk RAG ratings within the annual report. There are several risks such as

Osbourne.Sheridan 26/09/2025 11:58:31

	violence and aggression to staff that are impacting on health and wellbeing of staff that are regularly featuring in claims. There is also a risk within the construction design and management regulations to ensure that health and safety is picked up at every stage of the building work with both Capital projects and operational works. Improvements have been made with Control of Substances Hazardous to Health (COSHH) with more engagement with the end user. Relationships with enforcement agencies and regional health and safety colleagues remain strong with regular communication. The report details changes in legislation that have taken place during 2024/25 or planned to take place in 2025/26. The Trust has appropriate Health and Safety policies and procedures in place. *The full annual report is available in the Board of Directors Reading Room on Admin Control* click here.
Recommendation/s: (including any decision/approval required)	*The Trust board is asked to:* 1. Note the findings of the report and the action plan which will assist with the focus of Health and Safety for the Trust. 2. Note the current position for health and safety and approved as the Trust annual Health and Safety report for 2024/25.
Link to Strategic Objective:	Quality - To provide outstanding care for patients, delivered with kindness
Link to Priority Initiatives 2025/26:	N/A
Implications	
Risk:	Risk 290 - Estates Critical Infrastructure (20) There is a risk of Estates Critical Infrastructure Failure due to backlog maintenance resulting in a potential loss of premises, harm and reputation damage. •An identified backlog maintenance programme of work has been identified •Risk assessments and weighted assessments for backlog risk prioritisation is being undertaken. •A current facet survey inspection is being undertaken to identify and allocate funding resources. •Planned Preventative Maintenance is undertaken as per HTM/Statutory and good practice guidance to maintain buildings and building services plant and equipment.
Legal/Regulatory:	N/A
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	Finance and Performance Committee 17/03/2025

Oxford Health Sheridan 2025-05-15 08:31

Board of Directors – Open			
Meeting Date:	25 September 2025	**Agenda Reference:**	Bo.9.25.15g
Report Title:	EPRR Update		
Presented by:	Sajid Azeb, Chief Operating Officer / Deputy Chief Executive / Accountable Emergency Officer		
Executive Lead:	Sajid Azeb, Chief Operating Officer / Deputy Chief Executive / Accountable Emergency Officer		
Author:	Steve Amos, Emergency Planning Manager		

Report Summary				
Purpose of the paper:	Decision ☒ approve	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☒
Summary of Key Issues/Highlights:	This paper is to update the Board on: • The Trust Adverse Weather Plan and Business Continuity (BC) Framework which have both been reviewed with internal stakeholders • The current position of the Principles of Health Command training as required by NHSE • The current position of the Lessons identified tracker • The current position of the NHSE Core Standards			
Recommendation/s: (including any decision/approval required)	*The Board is asked to:* 1. Note the paper and agree to delegate authority to the F&P Committee to sign off the Core Standards submission.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			

Implications	
Risk:	N/A
Legal/Regulatory:	The Civil Contingencies Act 2004, (Contingency Planning) Regulations 2005, NHS Act 2006 and Health and Care Act 2022 underpin EPRR within health. All acts place EPRR duties on NHS England and the NHS in England.
Quality & Patient Safety:	No known impact
Equality, Diversity and Inclusion and Health Equity:	No known impact
Resources:	No known impact
Environmental sustainability:	No known impact

Assurance Route	
Meeting/s where content has been discussed previously:	Item 2 was presented at ETM 01.09.2025 All items were presented to F&P Committee on 17.09.2025

Oct 2025 Sajid Azeb 2025-09-18 21:58:31

Report content

1. Purpose

a. Adverse weather plan
The Adverse weather plan has been reviewed following the severe snow earlier this year and the summer period to ensure any identified learning has been added.

b. Business Continuity Framework
The BC Framework was due a planned review. The review has been undertaken and it is intended that the new process for business continuity and business impact analysis forms are now combined making it an easier and more streamlined process and thereby reducing duplication of work.

c. Principles of Heath Commander (PHC) Training update
The Trust has to report on the 1st and 2nd and EPRR PHC training % to the Local Health Resilience Partnership on a quarterly basis. Compliance against the position is presented further on in the paper.

d. Lessons identified tracker

All learning from incidents, exercises and training is logged on the tracker, this is shared with the Trust Resilience Group and Health & Safety Committee

e. NHSE Core Standards position
The NHSE Core Standards must be submitted back to WYICB on 31/10/2025. The current position out of the 62 standards, is that the Trust is fully compliant with 51 standards and partially compliant with 11 standards. This currently provides a partially compliant status with 82%. As further work is currently underway, the compliance figure will increase. To note, 4 more standards will put us into substantial compliance. The updated position will be presented for approval in preparation for submission on 31/10/2025 at the October meeting of F&P Committee.

2. Assessment

By reviewing the Adverse weather plan after its activation during winter, allows for it to stay current and reflect learning from this year, and no new learning has been identified from this summer.

The BC Framework procedure has now been simplified so that the process for colleagues to complete their BC plans or to update existing plans for their areas are in a more streamlined format.

The current figure of compliance (below table) for the Principles of Heath commander training that is a NHSE requirement was last reported to the September Local Health Resilience Partnership. Whilst the Strategic figures are lower than Tactical, there is additional training that this level must complete that has not been readily available this year. From September there are additional Strategic staff booked on for their legal training, and media training will be available in quarter 3 which will increase compliance. There are also 8 internal courses booked over the next 4 months with the vast majority of staff booked on, so the reporting figures for December will be significantly higher than the current position. The updated figures will be presented at the January meeting. To note, as this is a live report, staff who have only recently joined the on call rota show as lower compliance.

Gabrielle-Sheridan
26/09/2025 11:58:31

Organisation name	TNA		Compliance against the relevant portfolio	0-24%	25-49 %	50-74%	75-99%	100%
BTHFT	No. of Strategic	18	Strategic compliance against Portfolios	3	7	8		
	No. of Tactical Health	26	Tactical compliance against Portfolios	5		18	2	1
	No. of EPRR advisors	1	EPRR compliance against Portfolios				1	

The lessons identified tracker records all the learning from incidents, exercises and training, and actions are shared with relevant stakeholders to be completed within a set timescale. At the November meeting, any outstanding actions will be escalated to the F&P Committee.

The core standards are progressing, with information that has been requested from many internal areas to aid the evidence gathering. The Trust has to submit its draft core standards position to the ICB at the end of September as there is a peer review being undertaken by the ICB in early October, the position submitted will not be the final position.

As the final submission isn't until 31/10/25, we are currently progressing more work and are hopeful we will become fully compliant with several more core standards. The submission will be signed off by the COO in his capacity as Accountable Emergency Officer. At the November F&P Committee, a full update will be provided on the Trusts compliance with the core standards and an action plan provided for the standards that are only partially compliant.

3. Options analysis/Proposal

The updated position will be presented for approval in preparation for submission on 31/10/2025 at the October meeting of F&P Committee. To note as the papers are submitted in advance, a live reporting figure will be provided on the day.

Osbourne Sheridan
26/09/2025 11:58:31

Board of Directors – Open			
Meeting Date:	25/09/2025	**Agenda Reference:**	Bo.9.25.16a
Report Title:	Winter Operational Plan 2025-26		
Presented by:	Sajid Azeb, Chief Operating Officer & Deputy CEO		
Executive Lead:	Sajid Azeb, Chief Operating Officer & Deputy CEO		
Author:	Shaun Milburn, Deputy Director of Operations		

Report Summary				
Purpose of the paper:	Decision ☒ approve	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	The Winter Operational Plan has been developed in conjunction with senior clinical and managerial leads. It summarises the actions and financial implications necessary to meet the additional demand and acuity of presentations for NEL spells throughout winter. It also forms a small part of the system wide winter plan developed at Place The plan is intended to be a live document and as such there will be additions and amendments throughout the winter.			
Recommendation/s: (including any decision/approval required)	*The Board is asked to:* 1. Approve the winter operational plan 2. Approve the funded financial implications (p27 and 28) 3. Consider the non-funded schemes for further work up and financial implications for CSUs (p27)			
Link to Strategic Objective:	Sustainability - To deliver our financial plan and key performance targets			
Link to Priority Initiatives 2025/26:	Acute Care Programme			

Implications	
Risk:	
Legal/Regulatory:	
Quality & Patient Safety:	
Equality, Diversity and Inclusion and Health Equity:	
Resources:	
Environmental sustainability:	

Assurance Route	
Meeting/s where content has been discussed previously:	ETM – 8 September 2025 F&P Committee – 17 September 2025

Josephine.Shields 25/09/2025 11:16:23

Report content

1. Purpose

The Winter Operational Plan predicts additional demand from October to March and describes the schemes required to meet this demand in order to:

- Assurance that the Trust will meet quality and safety metrics for patients within AED and the acute bed base throughout winter
- Assurance that the Trust will meet the requirements of the operational performance plan
- Highlight additional costs and run rate for funded schemes

2. Background/context

See full document.

3. Assessment

The following sections are considered in the winter plan

National Agenda
Demand and Capacity and Surge
Infection Prevention
Flow and Bed Allocation
Paediatric winter plan
Additional Winter Schemes, costs and run rate
Metrics and Measurement
Appendix – Full Capacity Protocol

4. Options analysis/Proposal

- Approve the funded schemes and any associated increases in run rate
- Consider the non-funded schemes and any associated increases in run rate

Osbourne Sheridan
26/09/2025 11:58:31

Bradford Teaching Hospitals
NHS Foundation Trust

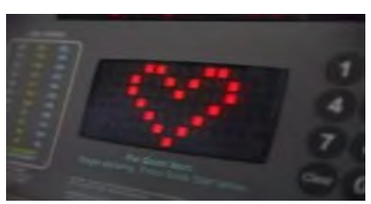
WINTER OPERATIONAL RESPONSE PLAN 2025-26

September 2025

This is a live document and will be updated in response to demand and capacity pressures







Together, putting patients first

CONTENTS

Bradford Teaching Hospitals
NHS Foundation Trust

Osbourne Sheridan
26/09/2025 11:58:31

SECTION 1
NATIONAL AGENDA

Osbourne Sheridan
26/09/2025 11:58:31

NHS Urgent and Emergency Care Plan

A letter published in June 2025 outlined a UEC 10 year plan and referenced key deliverables specific to acute providers over the winter 2025-26

- eradicate last winter's lengthy ambulance handover delays by meeting the maximum 45-minute ambulance handover time standard
- ensure a minimum of 78% of patients who attend A&E (up from the current 75%) are admitted, transferred or discharged within 4 hours
- reduce the number of patients waiting over 12 hours for admission or discharge from an emergency department compared to 2024/25, so this occurs less than 10% of the time.
- reduce the number of patients who remain in an emergency department for over 24 hours while awaiting a mental health admission.
- tackle the delays in patients waiting to be discharged
- increase the number of children seen within 4 hours, resulting in thousands of children every month receiving more timely care than in 2024/25

Osbourne Sheridan
26/09/2025 11:08:31

- improve vaccination rates for frontline staff towards the pre-pandemic uptake level of 2018/19. This means that in 2025/26, we aim to improve uptake by at least 5 percentage points
- improve flow through hospitals, with a particular focus on reducing patients waiting over 12 hours and making progress on eliminating corridor care
- set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings
- reduce length of stay for patients who need an overnight emergency admission. This is currently nearly a day longer than in 2019 (0.9 days) and needs to be reduced by at least 0.4 days

Osbourne Sheridan
26/09/2025 11:58:31

BTHFT assessment against each key deliverable

Deliverable	BTHFT current position April-August	Notes
100% handovers in 45min	92%	Roll out of new program in September to 100%
>78% ECS	83%	Increased use of AECU and admission avoidance
<10% 12h LoS in AED (type 1,2)	6.3%	Flow and bed allocation improvements
% patients >24h for MH bed	TBD	
% D/C delays >48 hrs	TBD	H-FAST and validation of P0 delays
% ECS paediatrics	89.51%	Overnight paeds Dr will improve position to >93%
% staff vaccination rates	38% (to verify)	New campaign launched
LoS NEL spells 2019 v 2025	4.1 days vs 5.3 days	Changes to same day emergency care counting

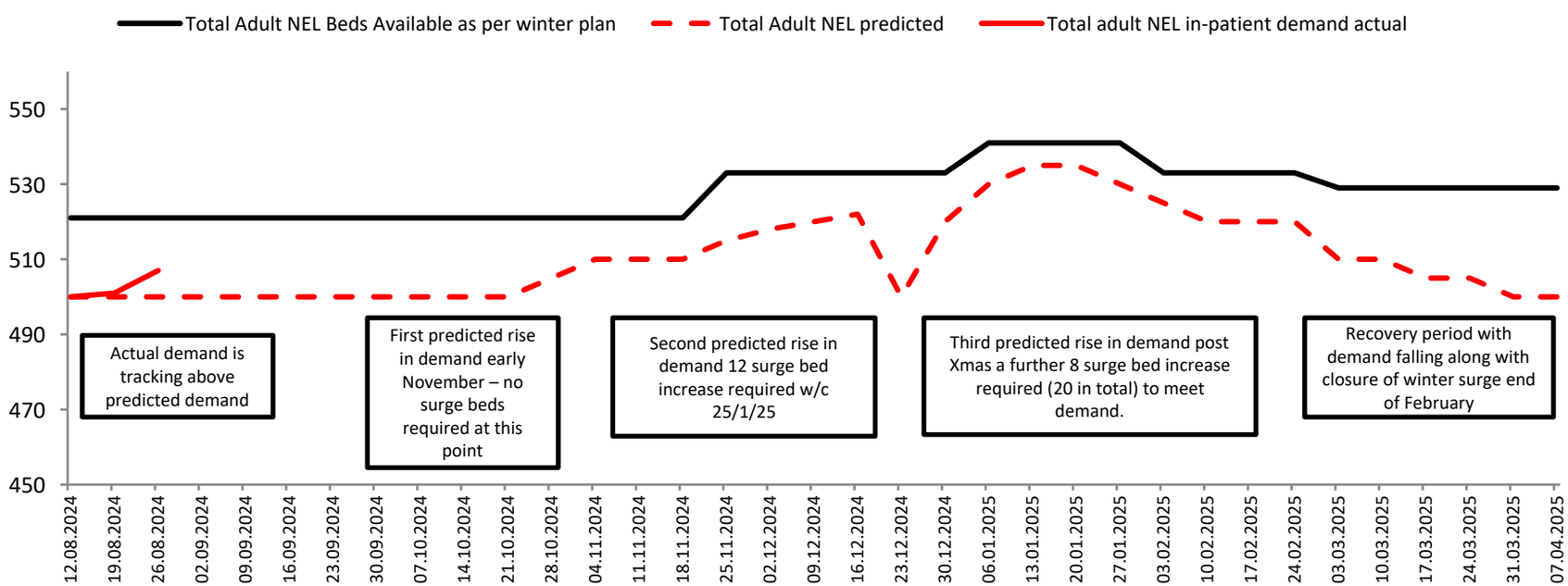
Osbourne Sheridan
26/09/2025 11:58:31

SECTION 2 DEMAND AND CAPACITY AND SURGE

Osbourne Sheridan
26/09/2025 11:58:31

1. DEMAND – assumptions

Bradford Teaching Hospitals NHS Foundation Trust



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26/09/2025 11:58:31

Supporting capacity

Bradford Teaching Hospitals NHS Foundation Trust

Surge beds

Option 1 - preferred

Demand analysis indicates a requirement for additional female medical NEL beds this winter.

Preferred option is to open female short stay beds on ward 8, initially to 12 beds w/c 25th November, rising to 20 beds 1st week in January with a plan to close last week in February

Additional Nursing costs will be funded via the winter resilience budget

Medical costs will be part of the existing CSU run rate (not additional)

Option 2

Winter 2024 10 x surge beds were across 2 different wards (17&6) and utilisation of ward 11 at weekends for acute surgery post operative patients with LOS of under 2 days remaining.

Learning:

Did not meet required demand

Small impact on elective flow

Difficult to close surge as the beds on ward 6 were complex stroke patients with long LoS

Lack of MOFD out flow from ward 27 and downstream flow from Ward 6 to ward 9 due to ongoing therapy need has delayed flow and caused backflow on acute wards

Ordinary Session
26/09/2024 11:58:47

Bradford Teaching Hospitals NHS Foundation Trust

Assumptions

- Zero avoidable internal delayed discharges (TTOs, transport and ward processes)
- All available NEL beds are ***ring fenced*** for NEL activity, with no DC or EL cases in NEL beds and all admitted to the ring-fenced elective bed base (with the exception of the approved pathway for vascular)
- Maximum 30 min cut off for ward transfers
- Patients from assessment units who are not being discharged will be identified to transfer to available downstream beds

Admission avoidance schemes

- Increased use of all Virtual models, Hot clinics and safety netting
- Rapid Assessment and Treatment, (RAT)
- Vetting of all bed requests by consultant/senior AED Dr
- Criteria to admit SOP in use by senior decision maker in AED

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26/09/2025 11:

Risk associated with Respiratory NIV capacity

Bradford Teaching Hospitals NHS Foundation Trust

Assumptions

Current capacity: total 28 beds

Respiratory ward beds = 22

Respiratory HDU = 6 beds

Demand indicates the following requirement (ETM ward 10 strategic review – see Appendix 1)

Total beds 36-38

Respiratory ward beds 28

Respiratory HDU beds 8 with option to surge to 10.

Osbaldiston Shaun 26/06/2025 12:58:17

This could have been delivered if ward 10 had been available for this winter but this is not possible so respiratory bed capacity will remain fixed at 28 on ward 23, resulting in a capacity and demand gap of between 8-10 beds.

Risk associated with Respiratory NIV capacity

Bradford Teaching Hospitals NHS Foundation Trust

Risks

1. Insufficient NIV bed capacity – leads to long waits for admission in AED HDU (exacerbating crowding).
2. Inappropriate use of ICU beds for respiratory NIV – leading to cancellation of elective cases.
3. Insufficient respiratory ward beds – leads to respiratory patients outlying on AMU, other wards, at home awaiting GP admission, further impacting on ED crowding

Mitigation

Previous winter we have flexed the existing ratio of Ward:HDU 22:6 to 18:10 (plus utilisation of ICU in exceptional circumstances). This leads to an associated increased costs of nursing and therapy to meet the NIV demand –

Part funded through the winter resilience budget

There will also be improved air purification utilising mobile units throughout the ward

We require this mitigation to continue for winter 25/26 to mitigate the 3 risks.

Osbourne Sheridan
26/09/2025 11:58:31

SECTION 3 Infection Prevention

Osbourne Sheridan
26/09/2025 11:58:31

Managing IPC Demand

Bradford Teaching Hospitals NHS Foundation Trust

Prevention

- 2024-2025 vaccination rates were lower than pre-pandemic levels and were especially low amongst health care workers.
- This resulted in a higher proportion of patients being admitted with avoidable flu/COVID related illness and higher levels of staff sickness
- Whilst the vaccination program begins at the end of September a pragmatic view is to expect a 5% increase above vaccination rates in 2024/25.
- This year covid vaccination is not being offered to NHS workers – this is likely to increase the uptake of the flu vaccine

Osbourne Sheridan
26/09/2025 11:58:31

Managing IPC Demand

Bradford Teaching Hospitals NHS Foundation Trust

Testing

Point of care virology screening in AED, paediatrics and some high risk in-patient areas is essential to ensure rapid decision making

Costs:

The cost benefits were outlined in last years plan and will be **funded by the winter resilience budget.**

Osbourne Sheridan
26/09/2025 11:58:31

Managing IPC Demand

Bradford Teaching Hospitals NHS Foundation Trust

Side Room Utilisation and Isolation

Audits still indicate 40% of side rooms are occupied by patients not requiring isolation for IPC reason, even after adopting the new SOP flow chart for side room utilisation.

Flu is expected to peak Jan-Feb 2026.

Further work with Speciality MDT is still required on side room prioritisation for those patients with the highest risk of spreading infection, rather than other reasons cited relating to speciality specifics / needs.

A second deep clean team OOH would facilitate faster side room turnaround

Oonagh Sheridan
26/09/2025 11:58:19

Additional cleaning OOH in ED waiting areas

SECTION 4 – Flow and Bed allocation

Osbourne Sheridan
26/09/2025 11:58:31

Flow and Bed allocation

Recent transfers audits indicate:

Average Time taken from when a patient is allocated an empty bed to when the patient arrives on a ward = 2h19 min.

Of this only 30min is portering, suggesting ward process contribute to a 1h 51m delay.

Over the course of a 24h period this amounts to 102 hours when one patient is technically in 2 beds.

THIS WILL BE ADDRESSED THIS WINTER to a maximum 30 min transfer

(A draft SOP is being circulated for approval – see Appendix 2)

The same audit for AED to a ward bed indicated a 1h 12m delay in a patient being allocated an empty bed to arriving a ward. Portering is 30m, indicating AED process delays account for 42 minutes

The total of all these transfer delays over a 24 hours period is 160 hours, ie when a patient is technically in 2 spaces

Osbourne Sheridan
26/09/2025 11:18:51

Flow and downstream beds

Aim – to have 100% bed occupancy in downstream medical and surgical beds

Audits over August have shown empty beds in the hospital, with full assessment units on AMU 1, 4 and 5 but with no-one suitable to transfer to the empty beds, and significant waits in AED for assessment beds.

THIS WILL BE ADDRESSED THIS WINTER.

(A draft SOP is being circulated for approval – see Appendix 3)

Osbourne Sheridan
26/09/2025 11:58:31

Flow and downstream beds

In specialities that adopt a consultant of the week model the expectation of those specialties is to deliver the GIRFT Clinical Operational Standards – for Emergency care pathways, in particular those relating to timeliness of consultant ward rounds and twice daily ward rounds

These can be found at Appendix 4.

Osbourne Sheridan
26/09/2025 11:58:31

Ambulance Handover

From September 29th BTHFT will extend their partnership working with YAS to meet the mandated 45 min maximum handover time.

Processes and documents relating to the 45m handover can be found at Appendix 5 and 6.

In order to support these processes BTHFT will

- Implement the flow and bed allocation processes in this winter plan
- Adopt the full capacity protocol when required (see appendix)
- Purchase additional trolleys (completed)
- Allocate additional nursing support from October until March between peak hours of 16:00-00:00 (requires approval via winter plan funded through winter resilience)

Osbourne Sheridan
26/09/2024 11:58:31

YAS are funding a HALO during implementation which is likely to continue throughout winter

SECTION 5 PAEDIATRICS

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26/09/2025 11:58:31

Surge and escalations plans

Bradford Teaching Hospitals NHS Foundation Trust

Surge and Escalation model

A CYP specific Escalation process and OPEL scoring that covers Childrens AED, CCDA and in-patient ward is established and forms part of the Trust overall sitrep

Triggers detailed below:

Location	All	All	AED	AED	AED	AED	CCDA	CCDA	CCDA	CCDA	Ward	Ward	Ward	Ward	Ward
Escalation Status	Appropriate nurse staffing levels in all areas	Number of children requiring admission (ED, CDA, repats etc.)	Longest time to Triage	Number children in HDU/resus	Number of children in department	Longest time to 1st medical review	Number of children in CCDA	Number of GP & Direct access referred due to arrive	Longest time to Triage	Longest time to 1st medical review	Bed capacity	Number red patients	Number blue patients	Number of patients in Stabilisation	Patients to be transferred to other hospitals due to bed capacity

Osbourne Sheridan 26/09/2025 11:58:31

Surge and escalations plans

Actions-Dependant on OPEL score

Bradford Teaching Hospitals NHS Foundation Trust

Bed capacity outside of parameters.	Staffing establishment outside of normal parameters	Acuity
Check regional bed state, Transfer patients more clinically stable Identify with IPC cohorting bays Explore Expansion to full bed base (38), Identify with IPC chortling bays Transfer patients more clinically stable Use of cubicles and transfusion bay ward 12, with support of suitable trained staff Expansion to full bed base (38) Expand use of surgical area 1st and 2nd bay (5+4 beds) (5+4 beds)	Explore support from surgical area, ACE, Community, Neonates and agency Extend consultant hours, CCDA cover until 2100. Middle grade staff approached for additional support Review nurse and medical staffing numbers next 12-24hours support flow Support from surgical area, ACE, Neonates, On call consultant to be present on the unit Volunteer cover until 2100. Enhanced pay rates for Middle grade staff Explore support from surgical area, ACE, Community, Neonates, CNS, Reinstate Children's emergency rota	Transfer patients more clinically stable. All level 2 referred to embrace Ensure external service provide requested cover i.e. CAMHS Escalation of children not appropriate

Osbourne Sheridan 26/09/2025 11:58:31

Surge and escalations plans

Bradford Teaching Hospitals NHS Foundation Trust

Staffing model

The medical and nursing establishment has had significant investment to provide cover at times of peak activity.

Medical

Provide resident consultant cover at times of peak activity

- The CSU successful business case increased medical workforce to enable the doubling of the current job planned out of hours provision

	Previous Job Planned cover	New job planned sessions (Sept 24 onwards)
Mon - Fri 08:45-17.30	2 consultants	2 consultants
Mon - Fri 17.00-22.00	1 consultant on call 1700-0845	1 additional resident consultant
Mon - Fri night 22.00-08:45		1 non-resident on call consultant
Sat - Sun 08:45-14:30	2 consultants	2 consultants
Sat - Sun night 22.00-08:45	1 Non-resident on call consultant	1 Non-resident on call consultant

Nursing

Children's ED and CYPU Collaboration

- The CSU undertook a successful Children's ED and CYPU Collaboration between the nursing teams in children's ED and the Children and Young People's Unit.
- The areas now work in conjunction and flex staff according to the greatest clinical acuity/need

Nursing establishment

- The CSU are in Year 2 of a 4 year plan to increase the nursing establishment

Osbourne Sheridan 26/09/2025 11:58:31

SECTION 6 ADDITIONAL WINTER SCHEMES

Osbourne Sheridan
26/09/2025 11:58:31

Summary winter schemes

Bradford Teaching Hospitals NHS Foundation Trust

<u>Funded through existing winter resilience and/or CSU run rate</u>

Nursing for winter surge beds - through winter resilience
Medical staffing for winter surge beds – through existing CSU run rate
Nursing costs for 2 additional respiratory HDU between Nov-Feb (£20K)
Point of Care testing – through winter resilience
Additional nursing in ambulance assessment – through winter resilience
Additional geriatrician at weekends – through winter resilience
Additional winter PTS discharge vehicle – through winter resilience

<u>Not funded but needs consideration for this winter</u>

Nursing costs for an additional 2 respiratory HDU between October - March (£50k) ? Already In CSU run position
TTO Dr based in the command centre
Additional deep cleaning teams for quicker turn round of side room availability
Additional porters in AED overnight
Extended pharmacy opening times at weekends to facilitate discharges
Note: Financial pressures across Health and Social Care will continue to impact delivery across the system

Osbourne Sheridan 26/09/2023 11:58:31

Forecast cost and run rate implications

Bradford Teaching Hospitals NHS Foundation Trust

Winter Plan 2025-26

									Impact on Run Rate							
I/E	Scheme	Area	Requirement	Grade	No of Beds	Open	Close	WTE	Oct	Nov	Dec	Jan	Feb	Mar	Total	Source of Funds
Expenditure	Ward Nursing	Winter Ward	1 RN 24/7	Band 5	12	24/11/2025	04/01/2026	10.50		£ 11,890	£ 52,658	£ 6,795		£ -	£ 71,342	From System Resilience budget
Expenditure	Ward Nursing	Winter Ward	1 HCA 24/7	Band 2	12	24/11/2025	04/01/2026	10.50		£ 8,407	£ 37,231	£ 4,804		£ -	£ 50,442	From System Resilience budget
Expenditure	Ward Nursing	Winter Ward	1 RN 24/7	Band 5	20	05/01/2026	31/01/2026	10.50				£ 57,153			£ 57,153	From System Resilience budget
Expenditure	Ward Nursing	Winter Ward	1 HCA 24/7	Band 2	20	05/01/2026	31/01/2026	10.50				£ 57,165			£ 57,165	From System Resilience budget
Expenditure	Ward Nursing	Winter Ward	1 RN 24/7	Band 5	12	01/02/2026	27/02/2026	10.50					£ 45,863		£ 45,863	From System Resilience budget
Expenditure	Ward Nursing	Winter Ward	1 HCA 24/7	Band 2	12	01/02/2026	27/02/2026	10.50					£ 32,427		£ 32,427	From System Resilience budget
Expenditure	Ward Nursing	Ward 23			Increased HDU capacity					£ 1,458	£ 6,458	£ 6,458	£ 5,625		£ 20,000	From System Resilience budget
Expenditure	Ward Nursing	Ambulance Handover	1 RN 4pm-Midnight 7 days	Band 5		24/11/2025	27/02/2026	2.04	£ 2,159	£ 2,159	£ 9,560	£ 9,560	£ 8,326		£ 31,764	From System Resilience budget (£112,561 per annum)
Expenditure	Ward Nursing	Ambulance Handover	1 HCA 24/7 4pm-Midnight 7 days	Band 2		24/11/2025	27/02/2026	2.04	£ 1,630	£ 1,630	£ 7,218	£ 7,218	£ 6,286		£ 23,981	From System Resilience budget (£84,982 per annum)
Total									**£ 3,788**	**£ 25,544**	**£ 113,125**	**£ 149,152**	**£ 98,528**	**£ -**	**£ 390,138**	**£ -**
Expenditure	Patient Transport	Transport				1st Oct	31st Mar		£ 7,500	£ 8,669	£ 8,669	£ 8,669	£ 8,669	£ 8,669	£ 50,845	From System Resilience budget
Expenditure	POCT									£ 9,000		£ 9,000			£ 18,000	From System Resilience budget
Expenditure	Elderly Care Consultant	Consultant PRA	1 consultant at weekends	Consultant		1st Nov	31st Mar				£ 10,500	£ 10,500	£ 10,500	£ 10,500	£ 42,000	From System Resilience budget
									£ 7,500	**£ 17,669**	**£ 19,169**	**£ 28,169**	**£ 19,169**	**£ 19,169**	**£ 110,845**	**£ -**

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Command Centre Operations meetings

Bradford Teaching Hospitals NHS Foundation Trust

The Command Centre Operational Meeting is a meeting to ensure key stakeholders are aware of the daily position in terms of ED traffic, bed availability, expected admissions from routes other than ED and staffing.

The meeting is also a vehicle to cascade important messages from support departments which will directly impact on the site or patient flow with actions linked to the OPEL document

The aim of the meeting is to facilitate meeting the Emergency Care Standard on a daily basis, by encouraging appropriate and timely decision making relating to admissions and discharges.

See Appendix 7 for the Terms of Reference of this meeting.

Osbourne Sheridan
26/09/2025 11:58:31

SECTION 7 Metrics and Measurement

Osbourne Sheridan
26/09/2025 11:58:31

Metrics and Measurement over winter

Bradford Teaching Hospitals NHS Foundation Trust

A suite/dashboard of metrics will be established to measure the following against an expected trajectory

1. The Emergency Care Standard (adult and paeds)

2. 12h LoS in AED

3. >24 h waits for MH patients

4. 45 min ambulance handover times

5. Harm and mortality (based on the established RCEM methodology also adopted by NHSE)
Link
https://rcem.ac.uk/wp-content/uploads/2023/03/Excess_deaths_associated_with_crowding_and_corridor_care.pdf

Osbourne Sheraden
26/09/2023 11:58:31

6. Patient complaints, especially relating to waits to be seen in AED

Appendix

Bradford Teaching Hospitals
NHS Foundation Trust

1. FULL CAPACITY PROTOCOL – See Appendix 8

Osbourne Sheridan
26/09/2025 11:58:31

Winter Planning 25/26

Board Assurance Statement (BAS)

NHS Trust

Osbourne Sheridan
26/09/2025 11:58:31

Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the Trust's Board has oversight that all key considerations have been met. It should be signed off by both the CEO and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Trust's name.

This section gives Trusts the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter Plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025.**

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26/09/2025 11:58:31

Provider:	Double click on the template header to add details

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the Trust Winter Plan for 2025/26.	Yes	Discussed and presented at Trust Board meeting on 25th September 2025
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	These have been completed and will be part of the appendices to the winter plan
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	BTHFT's winter plan formed part of the System wide winter plan which was submitted to NHSE on 31st August 2025 by the Associate Director Planning, Performance & Business Intelligence for WY ICB. This had input from all partners and was discussed at WY Urgent Care Board on 17th July 2025.
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Regional event held on 3rd September 2025 and was attended by the Clinical Lead for the Command Centre
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Chief Operating Officer
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	Discussed at UEC Board, ETM, F&P Committee and Trust Board
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	The Trusts OPEL scores are updated live into RAIDR with appropriate actions. They contribute to the regional OPEL score with options for mutual

Osbourne Sheridan
26/09/2025 11:58:31

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		aid during times of extreme pressures
The Board has reviewed its 4 and 12 hour, and RTT, trajectories, and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectories already signed off and returned to NHS England in April 2025.	Yes	Part of annual planning submission. Winter pressures have been built into activity plan.

Provider CEO name	Date	Provider Chair name	Date
Professor Mel Pickup		Ms Sarah Jones	

Osbourne Sheridan
26/09/2025 11:58:31

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. There is a plan in place to achieve at least a 5 percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	Yes	Program led by HR and discussed and agreed at September Board.
Capacity		
2. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Yes	Part of winter operational plan
3. Rotas have been reviewed to ensure there is maximum decision-making capacity at times of peak pressure, including weekends.	Yes	Exists as part of weekend and winter operational plans
4. Seven-day discharge profiles have been reviewed, and, where relevant, standards set and agreed with local authorities for the number of P0, P1, P2 and P3 discharges.	Yes	Included in MAIDt planning
5. Elective and cancer delivery plans create sufficient headroom in Quarters 2 and 3 to mitigate the impacts of likely winter demand – including on diagnostic services.	Yes	As part of annual planning submissions
Infection Prevention and Control (IPC)		
6. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	Yes	Included as section of winter operational plan
7. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	Yes	As per previous winters
8. A patient cohorting plan including risk-based escalation is in place and	Yes	Part of IPC escalation

Osbourne Sheridan
26/09/2025 11:58:31

	understood by site management teams, ready to be activated as needed.		
Leadership			
9.	On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	On call rotas in place along with EPRR relevant training and documentation
10.	Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Yes via hourly triggers, x4 daily sitreps and live RAIDR reporting
Specific actions for Mental Health Trusts			
11.	A plan is in place to ensure operational resilience of all-age urgent mental health helplines accessible via 111, local crisis alternatives, crisis and home treatment teams, and liaison psychiatry services, including senior decision-makers.	Yes	PLN's are located in Command Centre and MH leadership team attend our daily safety huddles for early escalations
12.	Any patients who frequently access urgent care services and all high-risk patients have a tailored crisis and relapse plan in place ahead of winter.	Yes	Via High Intensity User Group

Osbourne Sheridan
26/09/2025 11:58:31

Board of Directors			
Meeting Date:	25/09/2025	**Agenda Reference:**	Bo.9.25.18
Report Title:	Trust Strategic Framework 2025/26 – metrics update		
Presented by:	Mark Hindmarsh, Director of Strategy & Transformation		
Executive Lead:	Mark Hindmarsh, Director of Strategy & Transformation		
Author:	Alison Smith, Head of Strategy & Partnerships		

Report Summary				
Purpose of the paper:	Decision ☒ (approve/recommend/ support/ratify)	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	The Trust Board approved the Strategic Framework for 2025/26 in March 2025. As part of this new framework, it was agreed that each of the five strategic objectives (Quality, Improvement, People, Partnership and Sustainability) should have a progress dial created that served as a guide to the Trust as to whether progress was being made against each objective. The dial is a composite metric, made from combining data from several metrics to provide an overall position. They focus on priorities already identified in the framework, and use existing targets and data, to monitor and drive improvement. At the July meeting, the Board welcomed the progress 'dials' as useful visual aids but requested a review of the methodology and sensitivity, particularly for the People objective dial, to ensure they are a fair representation of the baseline position. The review has been carried out and an updated methodology was presented to, and approved by, the People Academy on 9th September. The new methodology takes better account of the targets and time frames in the People Strategy and the ambitious nature of the targets used to make up the composite metric. Other than the People objective, the methodology for the dials remains the same as per the previous report to the Board in July 2025.			
Recommendation/s: (including any decision/approval required)	The Board is asked to: • Approve the Strategic Framework "progress dials" as shown on page 4 below. • Support an evaluation of the Trust's Strategic Framework before April 2026, so it can be updated going into 2026/27.			
Link to Strategic Objective:	People - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion			
Link to Priority Initiatives 2025/26:	Thrive			

Implications	
Risk:	Relevant to several risks on the BAF including:

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18/09/2025 11:58:31

	If we are unable to maintain a healthy and engaged workforce, **then** we will be unable to reduce sickness absence and turnover rates, **resulting in** an adverse impact on patient safety and experience, and staff experience, wellbeing and morale. Sickness levels have increased over the past 12 months so additional vacancies and or absence could place staff under additional pressure and we may be unable to provide safe staffing levels, **resulting in** an adverse impact on patient safety and experience. There is a risk that we are unable to achieve our ambitions on ED&I, including tackling health inequalities due to ingrained attitudes that persist in society and across our health and care organisations. **If** we are unable to recruit, retain and develop a workforce at all levels that is representative of the population we serve, **then** we may have low levels of staff engagement and morale, **resulting in** an adverse impact on patient safety and experience, staff experience and wellbeing, and a failure to attract diverse staff to work for our Trust. There is a requirement to ensure the Trust is compliant with a whole range of NHS equality frameworks, and including the Equality Act 2010, and specifically the Public Sector Equality Duty.
Legal/Regulatory:	The Corporate Strategy 2022-2027 and the Strategic Framework for 2025/26 support the Shared Direction and Culture section of CQC's Well Led Framework.
Quality & Patient Safety:	Strategic Framework includes the Quality objective 'to provide outstanding care for patients delivered with kindness'
Equality, Diversity and Inclusion and Health Equity:	Equality, Diversity and Inclusion is highlighted in the People Objective which says, "to be one of the best NHS employers prioritising the health and wellbeing of our people and embracing, equality, diversity and inclusion".
Resources:	None
Environmental sustainability:	The Green Plan is one of the 10 priority initiatives linked to the Sustainability objective "to deliver our financial plan and key performance targets". All CSUs and departments have been asked to include this in their strategies.
Assurance Route	
Meeting/s where content has been discussed previously:	*Working Together in 2025/26* engagement event on 26 February 2025 Board meetings - 26 March 2025 and 28 July 2025 People Academy on 12 March 2025, 9 July 2025 and **10 Sept 2025** Finance and Performance Committee on 19 March 2025 and 16 July 2025 Quality Committee on 20 March 2025 and 17 July 2025 ETM on 17 February, 24 February, 10 March, 16 June and 22 Sept 2025

Report content

Strategic objective metrics and Progress Dials

The purpose of developing metrics linked to each of the five strategic objectives in the Trust's Strategic Framework, and visualising them on the 'progress dials', is to act as a guide to enable the Board to monitor progress and improvement over time.

Following consultation and input from all the Board Committees and colleagues across the organisation, the strategic objective metrics were presented to the Board on 28th July. Teams have used different measures to design their metric, which is displayed in the format of a "progress dial". Each dial included measures that are already routinely used across the Trust.

At the July meeting, the Board welcomed the "progress dials" as useful visual aids but requested a review of the methodology and sensitivity, particularly for the People objective dial, to ensure an accurate representation of the baseline position and of the work happening in this area already.

Suzanne Stanley
26/09/2025 11:08:21

The review has been carried out and an updated methodology was presented to, and approved by, the People Academy earlier in the month, on the basis that it takes better account of the targets and time frames in the People Strategy and the ambitious nature of the targets used to make up the progress dial.

Components of the composite metric for People

The metric for the People objective is based on feedback from relevant executives and their teams, the People Committee itself and engagement events earlier in the year. The composite metric is based on key targets from within the existing People Strategy, which guides the work in this area. The proposed measures are below:

- Sickness rate
- Appraisal rate
- Mandatory training
- Ethnically diverse representation at senior leadership levels (Band 8a+ incl VSM)

The ambition was for the composite metric to show whether our people “Come, Stay and Thrive”. We looked at including an element of staff survey results as a measure of staff engagement, but the data is only updated once a year and isn’t working towards a defined target or standard in the same way in which other metrics are, making it difficult to incorporate into the progress dial. The People Academy has requested that for 2026/27 we look to develop a measure of staff engagement that is available more frequently, and can be incorporated into the composite metric.

Calibration of the progress dials

All the strategic objective metrics were presented to the July Board meeting on ‘progress dials’, and a review of the way the composite metric is displayed for the People dial was requested. Following this review, the following changes were proposed:

The review concluded that:

- The calibration of the ‘progress dial’ did not take account of the time frames for the targets in the People Strategy - which are set over two years rather just one. These ambitious targets would not therefore be expected to be achieved this year, and this should be reflected in the dial.

- They are ambitious targets so “target achieved” should be green on the dial (the original design had “target achieved” as yellow, and required “significantly above target” for green).

As a result of this, two changes are suggested to take account of these conclusions:

- For 2025/26, instead of comparing current performance with targets for April 2027 the progress dial will look at where we’d expect to be in April 2026 (i.e. half-way from March 2025 position to the targets) and compare with that figure.

- Update the categories on the dial to take account of the ambition in the targets so that achieving the target is shown as green. Broadly the categories would then be “on or above target” (green), “<5% below target” (yellow), “5-10% below target” (orange) and “>10% below target” (red).

An updated visual of all the progress dials developed so far is presented below.

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26/09/2025 11:58:31

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26/09/2025 11:58:31

NHS
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Board of Directors			
Meeting Date:	25/09/2025	**Agenda Reference:**	Bo.9.25.19
Report Title:	Bradford District & Craven Health, Care and Wellbeing Plan		
Presented by:	Mark Hindmarsh, Director of Strategy & Transformation		
Executive Lead:	Mark Hindmarsh, Director of Strategy & Transformation		
Author:	Jacqui Maurice, Head of Corporate Governance		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☒
Summary of Key Issues/Highlights:	The Trust Board is advised of the publication of the new strategy published by Bradford District and Craven Health and Care partnership on plans for health, care and wellbeing in the Bradford District and Craven. Bradford District and Craven Health and Care Partnership states, "Our strategy sets out how we will work together to reduce health inequalities and improve the health, care, and wellbeing of everyone in Bradford District and Craven. It is shaped by what we know about our population now and in the future, by insight from local people, and by the opportunities we have through new partnerships and closer working between services. We are clear that prevention needs to be at the heart of everything we do, and that decisions should be made as close to communities as possible. This strategy explains: • Our shared purpose – acting together to keep people Happy, Healthy, at Home • Understanding our population – using data and community insight to focus resources where they are needed most • Integrated neighbourhood health and care support – bringing services together in local areas so people get help closer to home • Acute services of the future – developing hospital and specialist services to meet changing needs • Our partnership – collaborating on financial planning, digital transformation, workforce development, and estates to enable better care It also introduces our population health personas – real-life inspired portraits that connect strategic decisions to people's lived experiences." The full strategy is available via the link on the BDCpartnership website, here.			
Recommendation/s: (including any decision/approval required)	The Board is asked to note the contents of the strategy.			
Link to Strategic Objective:				
Link to Priority Initiatives 2025/26:	Acute Collaborations			

Implications	
Risk:	
Legal/Regulatory:	
Quality & Patient Safety:	

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18/09/2025 11:18:21

Equality, Diversity and Inclusion and Health Equity:	
Resources:	
Environmental sustainability:	
Assurance Route	
Meeting/s where content has been discussed previously:	

Osbourne Sheridan
26/09/2025 11:58:31

Board of Directors			
Meeting Date:	25/09/2025	**Agenda Reference:**	Bo.9.25.20
Report Title:	Health Equity and Health Inequalities		
Presented by:	Naveed Saddique, Health Equity Improvement Lead		
Executive Lead:	Mark Hindmarsh, Director of Strategy and Transformation		
Author:	Naveed Saddique, Health Equity Improvement Lead Carl Stephenson, Associate Director of Performance Alison Smith, Head of Strategy and Partnerships		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	BTHFT is committed to tackling health inequalities to support the achievement of equitable access, outcomes and experience for our patients and the wider communities we serve. The Trust seeks to exceed the minimum requirements advised by NHSE and embed a comprehensive approach to reducing health inequalities at the heart of all that we do. Following discussion at the Quality Committee in September 2025, this summary paper highlights for Trust Board key areas of work and points for assurance.			
Recommendation/s: (including any decision/approval required)	The Board is asked to note update of the Health Equity work and be assured of its progress.			
Link to Strategic Objective:	Partnership - To collaborate effectively with local and regional partners to reduce health inequalities and achieve shared goals			
Link to Priority Initiatives 2025/26:	Health Equity and Health Inequalities			

Implications	
Risk:	Strategic Risk: If the Trust fails to address health inequalities, then this will contribute to a widening of the gap in health outcomes, access and experiences across Bradford District and Craven.
Legal/Regulatory:	This report links to the Annual Report requirements concerning health inequalities. Specifically, the production of the Health Inequalities Statement and its supporting narrative is a statutory requirement for Bradford Teaching Hospitals NHS Foundation Trust (BTHFT). There are also some links to the Equality Delivery System in terms of health inequalities. This report may also be used to inform NHS England's contractual reporting requirements relating to health inequalities.
Quality & Patient Safety:	The Health Equity Programme aims for patients to receive equitable access, outcomes and experiences.
Equality, Diversity and Inclusion and Health Equity:	Impacts on health equity as mentioned within the body of the paper. There are some links with EDI relating to the Cultural Competency training that's intended to be delivered across the Trust as well as supporting staff who experience health inequalities.

Document Version 1.0 18/09/2025 11:55:01

Resources:	No further impact on resources to report.
Environmental sustainability:	Development of health equity projects may have positive effects on the Trusts' role as an anchor organisation and the delivery of the Green Plan.
Assurance Route	
Meeting/s where content has been discussed previously:	Quality Committee – 18/09/25

Report content

1. Strengthened governance arrangements

The Health Equity Oversight Group (HEOG) has been brought together to support the advancement of the Health Equity programme. The purpose of the Health Equity Oversight Group is to provide direction and co-ordination for initiatives aimed at improving health equity across BTHFT and more widely on the health inequalities that affect our local population.

This group convened in Summer 2025 and is chaired by Mark Hindmarsh, Executive Director lead for health inequalities. It brings together colleagues internal and external to BTHFT with an interest in addressing inequalities for the Bradford population or are already actively involved in doing so. The HEOG will report into the Equality and Diversity Council (EDC) with key actions also being reported to the Quality Committee and by extension the Board of Directors.

2. Annual health inequalities self-assessment

The health inequalities self-assessment is based on a nationally recognised framework created by NHS Providers. This framework helps to understand the Trust's current position on health inequalities, identify strengths and areas for improvement and can help with supporting strategic planning and improvement for the health equity programme.

The self-assessment is structured to prompt responses to questions against four domains, and the Trust is asked to rate itself against each of these areas as "Not started", "Emerging", "Developing", "Maturing" or "Thriving". The domains are:

- Building Public Health capacity and capability
- Data, insight, evidence and evaluation
- Strategic leadership & accountability
- System Partnerships

The table below shows the results of the assessment for 2025/26.

Domain	Ratings
Building Public Health capacity and capability	**Improved** 2024/25 rating – Emerging 2025/26 rating - Developing
Data, insight, evidence and evaluation	**No change** 2024/25 rating – Maturing 2025/26 rating - Maturing
Strategic leadership & accountability	**Improved** 2024/25 rating – Developing 2025/26 rating - Maturing
System Partnerships	**Reduced** 2024/25 rating – Maturing 2025/26 rating - Developing

Osbourne-Sheridan 26/09/2025 11:58:54

Overall, the results show improvements in two of the four domains - Building Public Health capacity and capability and Strategic leadership & accountability. A third domain (Data, insight, evidence and

evaluation) has maintained its 'Maturing' rating. However, the rating for the 'System Partnerships' domain has been reduced from 'Maturing' to 'Developing' due to the emerging work new working arrangements across the place.

As a result of this assessment, and also informed by the recently published 10 year plan, an updated work plan was approved by HEOG and Quality Committee in September 2025

3. Workplan updates and highlights

Access

The Trust is continuously monitoring the access to its services through a health equity lens. This includes looking at performance, waiting times, presentations (and expected presentations) and DNA rates for care. The Trust has a particular focus on DNA rates, where an overall reduction of over 0.5% has been seen over the last three years in the most deprived two deciles of the population when attending services. This comes as a result of initiatives across the organisation, in multiple CSUs and departments and Trust will continue to focus efforts in this area.

Make Every Contact Count (MECC)

The national MECC initiative focuses on equipping staff to engage in meaningful conversations with patients and service users to improve health outcomes, reduce inequalities and enhance the overall patient experience. The focus has been about supporting some patients into initiatives in the community that will have a positive impact on their health, with a specific focus on blood pressure checks and hypertension aligned to the CORE20PLUS5 framework.

Key progress to date includes 100% of staff in the adult outpatient department at St Lukes Hospitals undertaking the MECC training. Patients are now being linked directly with the Living Well service (run by Bradford Council) that provides people with support for alcohol dependency, smoking cessation, physical activity and mental health support. An evaluation of this project is underway and will report in the Autumn.

4. Further planned developments

Community Connectors

The Community Connector model aims to bridge the gap between the hospital and community by linking patients with trusted local people, who can help individuals access health and care services by overcoming barriers which may exist for some such as language and digital exclusion. The aim of the work is to improve health and wellbeing in the community and ensure people are supported to navigate the local health and care system.

A pilot of this service is due to start imminently in Manningham, and will be supported by the Trust's volunteering services.

5. Developing capability within the Trust

The intranet pages covering Health Equity have been updated to help showcase the work in this area and support others across the Trust to incorporate health equity into their practice and access other information and resources.

There is a continued focus on building our workforce's capability in improving health equity and tackling health inequalities. This is being achieved through

- Enabling colleagues to join the West Yorkshire Health Equity Fellowship Programme
- Delivery of the MECC training to frontline staff
- A health inequalities session presented to all new starters at their staff induction
- A series of webinars/Lunch and Learns are planned
- Promotion of external courses such as the Public Health Level 1 and 2 offered by Barnsley Council

Osbourne Sterling
29/09/2025 10:58:31

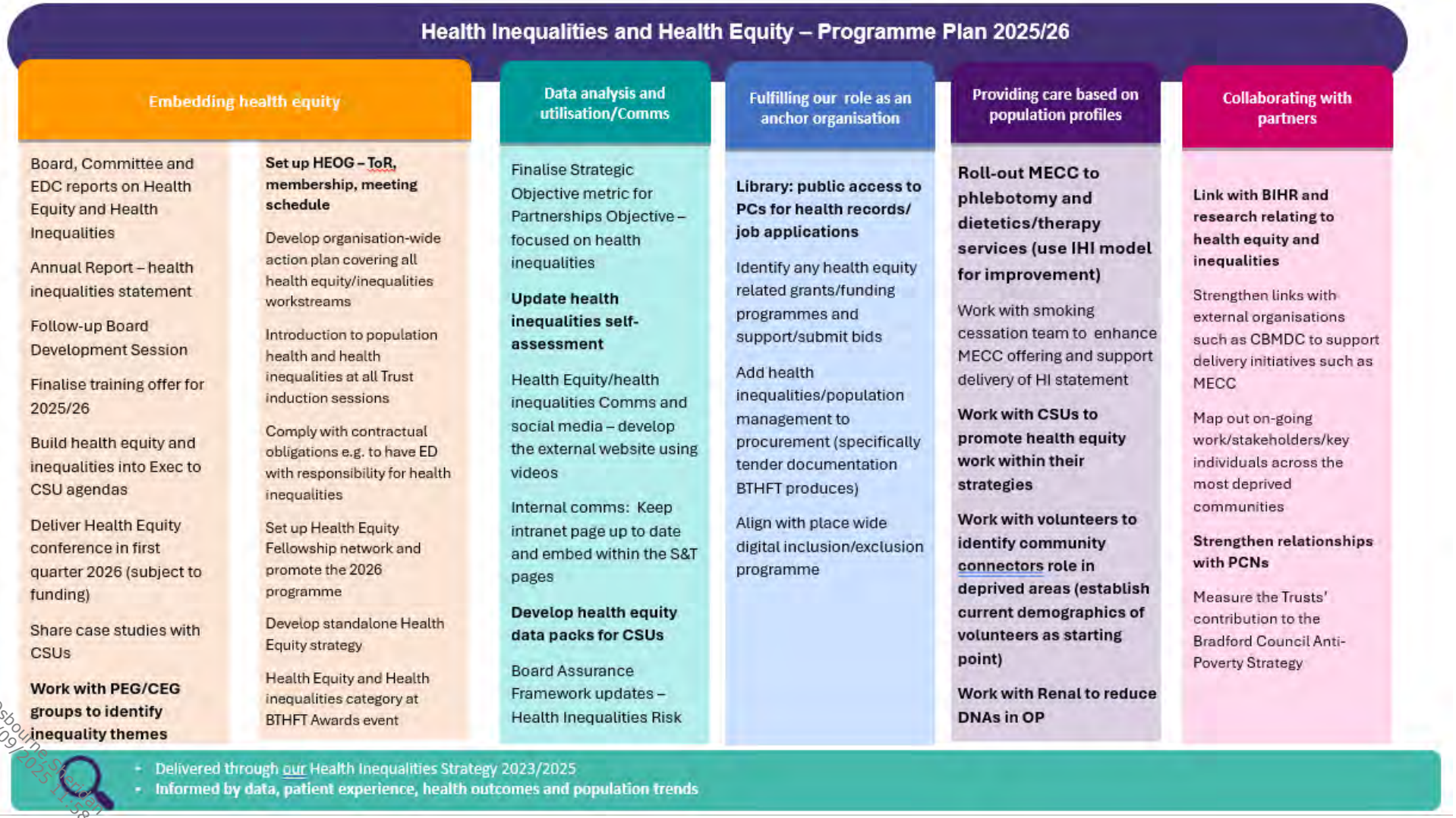
Developing capability remains a priority for the Health Equity programme as it was also one of the guiding principles suggested by the Board at the October 2024 Board Development Session on health inequalities.

6. Recommendations

The Board is asked to note update of the Health Equity work and be assured of its progress.

Osbourne Sheridan
26/09/2025 11:58:31

Appendix 1 – Health Equity Programme Plan 2025/26



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26/09/2025 11:58:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.21

Committee/Academy Escalation and Assurance Report (AAA)

Report from the: Audit Committee

Date of meeting: 9th September 2025

Key escalation and discussion points from the meeting

Alert:

Internal Audit – Discharge Management

The Committee received the Internal Audit report on Discharge Management which provided **Limited Assurance**. The Committee was concerned about the report's conclusion which identified significant data reporting and recording issues around discharge management. Although management had accepted the report findings, they did not wholly agree with the auditors % error rate for non-compliance. Due to the significance of the findings and broader associated risks, the Committee requested that a short sample testing follow up audit is undertaken later this financial year to provide further assurance to the Trust. The Committee was grateful for the attendance of the Chief Operating Officer to discuss the approach to implementing the actions agreed in response to the reports' recommendations and for agreeing to the short follow up audit.

NB: Notified in the alert section due to impact/issues regarding Trust Discharge Management data reporting

Advise:

Assure:

Charity Annual Accounts audit 2024/25

The Trust has recently completed the draft accounts for the Charity and due to materiality, the Trust is able to carry out an independent examination of the accounts rather than a full audit. This saves both time and costs for the charity. Considering this, approval was given by the audit committee to carry out the independent examination.

Internal Audit

The Committee received the following reports and noted the range of assurances given:

Osbourne-Sheridan
26/09/2025 11:58:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.21

Report No	Report	Final	Draft	Opinion
BH/01/2026	Freedom to Speak up Benchmarking	✓		N/A
BH/02/2026	Patient Safety Incident Response Framework Benchmarking	✓		N/A
BH/03/2026	Policy Management	✓		Significant
BH/04/2026	Safe Staffing; International Staff	✓		Significant
BH/05/2026	ReSPECT	✓		Significant
BH/06/2026	Virtual Programme	✓		Significant
BH/07/2026	Sessional and Ad-Hoc Payments	✓		Significant
BH/08/2026	Discharge Management	✓		Limited
BH/09/2026	Cyber Security; Third Party Access Controls	✓		Limited
BH/10/2026	Patient Experience in AED	✓		Significant
BH/11/2026	DSPT Benchmarking	✓		N/A
BH/12/2026	Clinical Ward Level Stock Management and Efficiency	✓		Significant

Other than the Discharge Management and Cyber Security reports discussed above, **the Committee particularly noted the Significant level of assurances provided for** the other audit reports.

The internal audit progress report and the follow up of recommendations update provided by the Associate Director of Corporate Governance both detailed the number of overdue recommendations and **the Committee noted that the volume of overdue recommendations is gradually reducing due to the direct intervention of the Chief Finance Officer.**

Other matters

All other matters considered by the Committee provided appropriate assurance:

- Annual internal audit & counter fraud performance review
- Verbal report from External Auditor
- Agreement to provide a statement to the Council of Governors on the use of Externa Auditors for Non-Audit Services via this report. *There were no engagements with external auditors in 2025/26 to date.*
- Counter Fraud Progress Update Report
- Schedules of Losses and Special Payments, and review of single source tenders (**the Committee noted that the volume of single tender waivers have reduced over time**)

Report completed by: Zafir Ali, Audit Committee Chair and Non-Executive Director, 17 September 2025

Osbourne Sheridan
26/09/2025 11:58:31

Meeting Title	Board of Directors		
Date	25 September 2025	Agenda item	Bo.9.25.22

Committee Escalation and Assurance Report (AAA)

Report from the: CHARITABLE FUNDS COMMITTEE

Date of meeting: 5th August 2025

Key escalation and discussion points from the meeting
Alert:
Move to independence As the main focus has been on the 'Home from Home' programme, reporting improvements and recruitment, the independence work has not progressed significantly, but the plan will be reset once the whole team are in post. The revised timeframe is anticipated to be approximately one year to 18 months. The Corporate Trustees, via the Board, will need to formally recognise the revised timescale which will be brought to the next Charitable Funds Committee and then formally presented to the Board.
Advise:
Neonatal Unit Appeal A gift agreement is in the pipeline with the Harry and Mary Foundation for a transformational £1 million gift - the largest donation ever negotiated for the charity. The Foundation is also generously planning to pledge £25,000 towards the inaugural Big Give Christmas appeal.
Assure:
Staff Lottery The Committee was provided with an update on the issue involving discrepancies between the payroll and database lists of lottery players, resulting in numerous redraws and individuals not being entered into draws. The Charity Director confirmed that immediate steps were taken to contact the appropriate regulatory bodies, and all affected players were contacted via phone and email, with the option to withdraw and receive a refund. The next steps involve discussions with lottery providers, and a new scheme will launch from September. The ambition is to move as many members over to the new scheme as possible, with larger prizes, more chances to win and public participation.

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26/08/2025 11:12:31

Report completed by:

Altaf Sadique, Charitable Funds Committee Chair and Non-Executive Director.

22/08/2025

Board of Directors Open			
Meeting Date:	25 September 2025	**Agenda Reference:**	Bo.9.25.23
Report Title:	High Level Risk Report		
Presented by:	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
Executive Lead:	Karen Dawber, Chief Nurse		
Author:	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		

Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	All **operational** risks scoring 15 and above (high level risks) are escalated to the Executive Team Meeting (ETM) on a monthly basis and then to the relevant Committees and the Board. At its meetings on 11 August and 1 September 2025, ETM considered a summary of all high level risks, including any new risks, closures and changes in score, and those risks which had passed their review date. The Committees reviewed the high level risks within their remit at their meetings during September 2025 (there were no Committee meetings during August 2025): • There are no risks past the target mitigation date. • Four risks have been accepted onto the high level risk register: risk 2756 scored at 20 (C5 x L4), risk 2758 scored at 16 (C4 x L4), risk 2753 scored at 15 (C5 x L3) and risk 2773 scored at 16 (C4 x L4). • Four risks were closed: Risk 171 was closed and replaced by risk 2753 (scored at 15). Risk 607 was reviewed and closed and replaced with risk 2759 (scored at 12). Risk 2604 was closed and replaced with risk 2756 (scored at 20). Risk 2566 was closed as the mitigations were in place and whilst delays to discharge remain in some cases, the original risk no longer remains. • One risk has reduced in score and is no longer on the high level risk register (2654). • There are no risks beyond the review date. The HLRR, showing all high level risks rated 15+ for September 2025, is attached at Appendix 1.			
Recommendation/s: (including any decision/approval required)	The Board is asked to confirm whether it is assured that all risks on the High Level Risk Register are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				

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24/09/2025 11:58:31

Risk:	This report details the strategic risks which are reviewed and updated by Executive leads prior to quarterly reporting to ETM, and then to Committees and the Board.
Legal/Regulatory:	N/A
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	Executive Team Meeting: 11 August and 1 September 2025 People Academy: 10 September 2025 Finance and Performance Committee: 17 September 2025 Quality Committee: 18 September 2025

Report content

1. Purpose

This paper provides a profile of risks, controls and mitigations related to the High Level Risk Register (HLRR) (see Appendix 1).

2. Background/context

The Board of Directors has a responsibility to understand the level and type of risks being taken within the organisation.

3. Assessment

All **operational** risks scoring 15 and above (high level risks) are escalated to the Executive Team Meeting (ETM) on a monthly basis and then to the relevant Committees and the Board.

At its meetings on 11 August and 1 September 2025, ETM considered a summary of all high level risks, including any new risks, closures and changes in score, and those risks which had passed their review date.

The Committees reviewed the high level risks within their remit at their meetings during September 2025 (there were no Academy/Committee meetings during August 2025).

The HLRR, showing all high level risks rated 15+ for September 2025, is attached at Appendix 1.

High Level Risks Report on a Page

The document at Appendix 2 provides a visual overview of all high level risks as at September 2025, and shows trends over a number of cycles and flags areas that the Board may wish to consider.

Stephanie Sheridan 26/09/2025 10:53:31

The following information is included:

- An overview of the risk profile, with details of the total number of high level risks.
- An overview of whether scores are increasing, decreasing or staying static.

- A graph showing the changing number of risks on the register.
- Static risks which demonstrates over time how long risks have remained static for. A risk that remains static over a number of months may be an indication that further work is required to control the risk.

Target Mitigation Dates

Risks beyond their target mitigation date

There are no risks beyond the target mitigation date.

Changes to target mitigation dates

The document at Appendix 3 provides a detailed overview of all current high level risks and the number of changes made to the target mitigation date for each risk since it was created.

New risks to the High Level Risk Register (HLRR)

Since the last report to the Board, four new risks have been accepted onto the HLRR.

Risk ID:	Current Score:	Target Score:	Risk Description:	Lead Director:	Target date:	Committee:
August 2025:						
2756	**20**	**12**	If we are unable to see, treat, and admit or discharge patients within 4 hours then patients will increasingly experience a long length of stay in the A&E department. Consequently, they are more likely to experience increased mortality and morbidity.	Karen Dawber, Chief Nurse	31 December 2025	Quality Committee and Finance and Performance Committee
2758	**16**	**8**	If we continue to see patients in acute crisis there is a potential for violence and aggression towards staff and patients resulting in staff and patient harm.	Karen Dawber, Chief Nurse	31 July 2026	Quality Committee
September 2025:						
2753	**15**	5	There is a risk that there is insufficient capacity for in-centre (hospital) haemodialysis, meaning we will not be able to provide timely dialysis for new patients potentially resulting in death or serious harm.	John Bolton, Chief Medical Officer	31 October 2025	Quality Committee and Finance and Performance Committee
2773	**16**	**6**	IF nursing support is not offered at a ratio of 1:2 and increased medical supervision is not provided for children THEN care for Children with Medical Complexity (CMC) remains at a nurse to patient ratio of 1:4 and untimely medical supervision RESULTING IN Substandard care, for all children irrespective of care level needs. Reduced flow and possible closure of beds. Increased risk of medication error including late administration of critical medicines.	Karen Dawber, Chief Nurse	20 April 2026	Quality Committee and People Academy

Osbourne Sheridan 26/09/2025 11:58:3

Risks which have been removed/closed

Four risks have been removed/closed since the previous report.

Risk ID:	Previous Score:	Risk Description:	Lead Director:	Reason for closure:	Committee:
August 2025:					
171	**20**	(Service delivery/Capacity) Renal Services Capacity	John Bolton, Chief Medical Officer	New risk added – Renal Dialysis Capacity – 2753 which was initially scored at 15 but is under review by risk owner as felt it should be a lower score.	Quality Committee and Finance and Performance Committee
607	**16**	Constraints within the Histopathology Reporting Service – See also Risk 24	John Bolton, Chief Medical Officer	Risk updated and replaced with new risk assessment – ID 2759 (scored at 12)	Quality Committee
2566	**20**	Delayed Discharges to Adult Social Care	Sajid Azeb, Chief Operating Officer	Mitigation in place and whilst delays to discharge remain in some cases, the original risk no longer remains.	Quality Committee
September 2025:					
2604	**20**	There is a risk that the number of patients in the emergency department will exceed its designed capacity and available resources meaning providing safe, timely, and efficient care to current and incoming patients becomes challenging resulting in a potential for unsafe care delivery and increased stress on staff.	Sajid Azeb, Chief Operating Officer	Risk closed as replaced with new risk - see 2756 above.	Quality Committee and Finance and Performance Committee

Risks which have changed in score

One risk has changed in score since the last report to the Board:

Risk ID:	Current Score:	Previous Score:	Target Score:	Risk title:	Risk Description:	Lead Director:	Target date:	Committee/ Academy:	Reason:
August 2025:									
2654	**12**	**16**	**8**	Clinical Coding (Financial, Reporting and Patient Documentation Completeness)	Financial: If we are unable to deliver and maintain data recording, coding and transactions then the Trust will not be correctly compensated for the clinical activities and procedures it is undertaking.	Vikki Lewis, Chief Digital and Information Officer	30 Sep 2025	Quality Committee	Improvements made warranting a reduction

Osbourne Sheridan 26/09/2025 11:58:31

					Reporting: If we are unable to deliver and maintain data recording, coding and transactions then any national metrics submitted by BTHFT will be incorrect, and may attract adverse scrutiny from stakeholders such as NHS England, West Yorkshire ICB and the associated press. Patient Documentation Completeness: If the depth and accuracy of clinical coding and patient documentation is incomplete or inaccurate, there is a risk that future care could be compromised due to this missing information. Reputational: If we are unable to rectify and correct clinical activity data which reflects a sub-optimal position in terms of quality and/or safety, there is a risk that external bodies will view this as a lapse of governance.				

Osbourne Sheridan
26/02/2025 17:58:31

Risks beyond their review date

There are no high level risks beyond their review date.

4. Options analysis/Proposal

As outlined in the Risk Management Strategy, the Board's role is as follows:

Seek assurance from the Executive Team and Committees that all risks on the High Level Risk Register and BAF are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.

The Board is asked to confirm whether it is assured that all risks on the High Level Risk Register are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.

Osbourne Sheridan
26/09/2025 11:58:31

All Open Operational Risks with a current scoring of 15 or over (as at 26/08/2025)

Consequence	Likelihood	Rating
(1) Negligible	(1) Cannot believe that this will ever happen again	15 to 25 Extreme
(2) Minor	(2) Do not expect it to happen again but it is possible	8 to 12 - High
(3) Moderate	(3) May recur occasionally	4 to 6 - Moderate
(4) Major	(4) Will probably recur, but is not a persistent issue	1 to 3 - Low
(5) Catastrophic	(5) Will undoubtedly recur, possibly frequently	

Risk Register Id	Date of Entry	Lead Director	Risk Lead	Source of risk	Assuring Committee or Academy Summary	Risk Title	Description of Risk	Next review date	Rating (initial)	Consequence (initial)	Likelihood (initial)	Rating (residual)	Consequence (residual)	Likelihood (residual)	Summary of Risk Treatment Plan	Target date for implementation of mitigation	Consequence (current)	Likelihood (current)	Rating (current)
290	10 Feb 2021	David Moss	Chris Davies	Business Continuity	Health and Safety Quality & Patient Safety Academy Finance and Performance	Estates Critical Infrastructure	There is a risk of Estates Critical Infrastructure Failure due to backlog maintenance resulting in a potential loss of premises, harm and reputation damage.	08 Sep 2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	15	(5) Catastrophic	(3) May recur occasionally	July 2025: New risk assessment format uploaded and fully reviewed. The risk score remains while the level of backlog maintains at £103m. It is recommended a rolling refurbishment of wards and theatres is considered to address condition and compliance risks	30 Apr 2026	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	20
2542	04 Apr 2024	John Bolton	Jill Parkinson	Risk Assessment	Quality & Patient Safety Academy	Haemonetics Blood Track Kiosks End of Life	The Haemonetics Blood Track kiosks at BTHFT are now 'end of life'. If there is a mechanical failure Haemonetics will be unable to repair the kiosk/s rendering part / all of the system unusable. Resulting in unsafe processes and tracking, breach of MHRA guidance and potential patient harm.	21 Oct 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	4	(4) Major	(1) Cannot believe that this will ever happen again	06.08.25: HTC held by videoconference 05.08.25. Once Haemobanks, which includes new kiosks, are installed the risk to the organisation will be eradicated. We cannot mitigate the risk further until Blood Track TX is implemented. The haemobank end to end testing has been delayed due to IT issues between WinPath and Haemonetics. Telefonica are involved with resolving this, planned go live for Haemobanks is now 23.09.25. Next HTC 14.10.25.	21 Oct 2025	(4) Major	(5) Will undoubtedly recur, possibly frequently	20
2756	16 Jul 2025	Sajid Azeb	Mayada ME Elsheikh	Risk Assessment	Quality Committee Finance and Performance	AED Long Waits	If we are unable to see, treat, and admit or discharge patients within 4 hours then patients will increasingly experience a long length of stay in the A&E department. Consequently, they are more likely to experience increased mortality and morbidity.	29 Aug 2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	1. Development of new SOP / policy for review of patients awaiting a specialty bed whilst in AED, including agreed responsibility for reviewing and clerking patients in the AED awaiting a bed. This SOP should also include agreed responsibility for ordering and reviewing tests suggested by specialty teams 2. New set of escalations (SOP) for the Trust to follow with regards to creating inpatient capacity through consultant-led speciality review 3. Currently in development: business case for 24/7 Consultant cover to support early decision making and discharge/flow across a 24 hour period. 4. AED pharmacist to be appointed to reduce the burden on the nursing and medical staff and aid discharge processes from the ED footprint by supporting medication checks, issuing of TTOs, and prescription reviews of bed waits. 5. Development and implementation of Bradford internal professional standards: "the way we do things here, all day, every day" 6. Increase in nurse staffing numbers to cope with the larger volume of patients with extended stays in ED 7. Update UEC148 (clinically ready to transfer from ED SOP) and ensure appropriately disseminated	31 Dec 2025	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	20
901	07 Dec 2016	Vikki Lewis	Daniel Kay	Business Continuity	Quality & Patient Safety Academy	Risk of Cyber Security Threats	Cause: The rising frequency and sophistication of cyber-attacks across different sectors such as retail, banking and the health sector including the NHS, combined with known vulnerabilities in legacy clinical systems, critical third-party integrations, and growing regulatory obligations significantly increases the likelihood of service disruption at BTHFT. This evolving threat environment heightens the Trust's exposure to operational instability, loss of digital continuity, and potential failure to meet statutory and contractual obligations under the NHS England guidance and UK GDPR/Data Protection Act 2018. Event: A successful cyber-attack (such as ransomware, data breach/exfiltration, or denial-of-service) compromises critical BTHFT digital infrastructure, resulting in the disruption of clinical and administrative systems, such as patient records, appointment scheduling, internal communications, and community services. This operational breakdown impairs care continuity, reduces organisational resilience, and exposes the Trust to increased scrutiny from regulatory and commissioning bodies due to unmet service obligations. Effect: Inadequate implementation of controls may result in delayed access to critical clinical systems or patient records, directly affecting care continuity and placing patient safety	22 Sep 2025	12	(3) Moderate	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	Apr - Dec 2025 - Implementation of a SIEM to create a proactive cyber security monitoring process.	01 Apr 2026	(4) Major	(4) Will probably recur, but is not a persistent issue	16

Osborne Sheridan
26/09/2025 11:58:31

2509	16 Feb 2024	Karen Dawber	Louise Lacy	Business Continuity	Quality & Patient Safety Academy	Children's Autism pathway - System wide risk	There is a risk that children will not be assessed for autism in a timely manner leading to a delay in diagnosis and avoidable harm due to the delay in treatment.	20 Dec 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	12	(4) Major	(3) May recur occasionally	June 25 New local standard assessment pathway to be implemented July 25 within the CSU , with expectation assist in clearing backlog. The BAARC service spec and other documents have been compiled and awaiting approval for the new BDCT pathway. The WYICB have proposed to move to a needs led/support model too, the model has recently been approved and further work up with a 12 week consultation will take place shortly. The proposal is to have 5 community hubs across WY, referrals for children with autistic or ADHD traits would be referred to the hub (BAARC for us) where they would receive support based on needs and only after this if felt appropriate and fits the criteria would they be referred on for health assessment. No change to current score. Review Dec 25	27 Dec 2026	(4) Major	(4) Will probably recur, but is not a persistent issue	16
2549	05 Apr 2024	Sajid Azeb	Jen Green	Risk Assessment	People Quality & Patient Safety Academy	Workforce Constraints within Non-Surgical Oncology (NSO)	There is a risk that the current NSO workforce within BTHFT and also WYAAT can't continue to support the current NSO model of care within the region, which will delay cancer treatment causing harm to patients.	31 Oct 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	8	(4) Major	(2) Do not expect it to happen again but it is possible	12/08/25 - Since the commencement of the NSO programme of work back in 2021, there have been significant changes to the commissioning, planning and delivery requirements of the NHS, most significantly over recent months with the expected imminent publication of a 10 Year Health Plan. As such and to ensure service changes provide long-term sustainable services for our population, WYAAT CEOs have requested further work to be completed within the next 6 months to confirm a population needs analysis and demand and capacity for cancer care across West Yorkshire and Harrogate which includes diagnostics, SACT, surgery, outpatient services, inpatient services and radiotherapy provision. Trusts have therefore been asked to progress investment proposals locally to maintain momentum. The CSU therefore have a business case pending for submission to ETM for consultant expansion and also wish to submit a case to increase non-medical resource	31 Mar 2026	(4) Major	(4) Will probably recur, but is not a persistent issue	16
2667	05 Dec 2024	John Bolton	Simon Kirk	Escalated from Division	Health and Safety Quality Committee	Insufficient Radiation protection advisor(RPA) and medical physics expert (MPE) for diagnostic imaging - Legal Compliance and Patient safety	If we fail to have qualified and adequate provision for MPE and RPA we will not be in line with legislation leading to regulatory sanction and potential harm to patients and staff.	22 Sep 2025	16	(4) Major	(4) Will probably recur, but is not a persistent issue	4	(2) Minor	(2) Do not expect it to happen again but it is possible	update feb 2025- single point of failure has failed- (temp in sourcing to keep hospital operational with xrays) Both roles are legally required. There is a single point of failure with current workforce- There is a risk to regulatory compliance, patient safety, reputation and business continuity. When bench marking against workforce calculator we have less than 1.00 WTE against a requirement of 7.2. As a result we have incidents where dose optimisation had not been completed. Diagnostic Reference Levels have not been completed. not complete. DRL audits have not been completed. - critised at experal inspection (CQC/SQAS) Business case for additonal resource is on the process of being written for the appointment to an additonal 1 WTE MPE/RPA Manage training plans with dates on for trainees Undertake accreditation as a training centre	07 Sep 2025	(4) Major	(4) Will probably recur, but is not a persistent issue	16
2758	18 Jul 2025	Karen Dawber	Melanie Stack	Risk Assessment	Quality Committee Finance and Performance Committee	Violence and Aggression on AMU	If we continue to see patients in acute crisis there is a potential for violence and aggression towards staff and patients resulting in staff and patient harm.	30 Sep 2025	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	8	(4) Major	(2) Do not expect it to happen again but it is possible	1. Expedited security response required - August 2025 2. Collect data to evidence requirement for establishment uplift to include additional staff to support 1:1 supervision when security are present (and also to support patients with DOLS in place) - 3. Review requirement to limit out of hours transfers for patients at high risk of delirium / agitation from other wards to AMU unless clinically required. September 2025 4. De escalation training for staff roll out plus / minus restraint	31 Jul 2026	(4) Major	(4)Will probably recur, but is not a persistent issue	16

Osbourne-Sheridan
26/09/2025 11:58:31

2773	20 Aug 2025	Karen Dawber	Kay Rushforth	Risk Assessment	Quality Committee, People Academy	Children and Young People with Medical Complexity - Complex need provision without staffing resource	CYP (Children with Medical Complexity (CMC)) on arrival to hospital, particularly those requiring respiratory support/palliation need an increased nurse to patient ratio and increased medical supervision. CMC are living longer due to medicine and technological advancement. Those requiring domiciliary respiratory support and other children with rare diagnoses affecting multiple systems, requiring multiple specialist input are supported in the community until they become unwell. When unwell CMC require an increased nurse to patient ratio and medical support on admission to hospital and input from Allied Health Professionals (AHP). IF nursing support is not offered at a ratio of 1:2 and increased medical supervision is not provided for children as above THEN care for CMC remains at a nurse to patient ratio of 1:4 and untimely medical supervision RESULTING IN Substandard care, for all children irrespective of care level needs. Reduced flow and possible closure of beds Increased risk of medication error including late administration of critical medicines	20 Apr 2026	16	(4) Major	(4) Will probably recur, but is not a persistent issue	6	(2) Minor	(3) May recur occasionally	1. Increased nurse to patient ratios and recognition of HDC level 2 status. Increased medical staff hours with expertise to provide care. Non recurrent money (winter surge November 2024 - 25 for 6 months) provided to keep some complex needs children out of hospital. Pilot study only. Study a success but must continue. 2. As above. Greater discussion required nationally and regionally. Children should be cared for closer to home with the expertise necessary 3. Focus group for parents/CMC to share ideas thoughts needs 4. Possibility of parents keeping own medicines in their possession - drug cabinets by each bed 5. As above 6. To continue to use the Sheffield PfA model of working for critical care and understand gap (new but in use). Actions: 1. Aim to provide 1:1 where child in cubicle or 1:2 care. Immediate care on arrival to ED and CCDA - ongoing 2. To ensure we move staff through Level 2 care courses/modules - ongoing 3. Complete thematic review, staffing review/survey Aug-25	20 Apr 2026	(4) Major	(4) Will probably recur, but is not a persistent issue	16
70	29 Mar 2023	Sajid Azeb	Osman Chohan	Risk Assessment	Finance and Performance People	Pharmacy Accommodation - Cramped and not fit for purpose	If we are unable to improve the pharmacy accommodation, then staff will not be able to undertake their roles efficiently and safely. Staff may also suffer harms to their wellbeing from working in unfit accommodation. The result of this could be an increased risk to patient care, staff wellbeing and trust finance. Note - The pharmacy aseptic unit is listed as a separate risk - risk 3696.	01 Jul 2026	20	(4) Major	(5) Will undoubtedly recur, possibly frequently	6	(2) Minor	(3) May recur occasionally	03.07.2025, Entry by Sannah Khan, MSO 1. Air conditioning unit installed and currently operational in Pharmacy reception area on Floor 1. 2. Carpet replaced with linoleum floor. Still awaiting tables/desks and chairs. 3. Standing down of OPS has made an office available, giving the opportunity to have a re-organisation of the placement of different aspects of the service. 4. Relocation to the SLH temporary Aseptic unit completed in April 2025. 5. Risk assessment reviewed and submitted to Director of Pharmacy for review before uploading to Iris.	31 Jul 2026	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15
95	14 Sep 2023	John Bolton	Mayada ME Elsheikh	Risk Assessment	People Quality & Patient Safety Academy	Emergency Department Medical Staff Coverage - weekend and evenings	If we are unable to provide a sufficient number of middle and senior grade doctors that meets the 24 hour capacity and demand of the Emergency Department then there may be a mismatch of patient acuity and demand versus the number and competencies of clinical decision makers on duty at any one time resulting in an increased risk of patient harm, compromised quality and performance and a negative impact on efficiency and patient flow	tirsdag 30. september 2025	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	6	(3) Moderate	(2) Do not expect it to happen again but it is possible	22/05/2025- (ME)- Aware that we will have less middle grades from the deanery. Plans to recruit to MG tier declined and the SCF appointments from 2024 (to start in Aug in 2024) were delayed, missed opportunity. Along with consultant mat leave and sickness this has created a large deficit. Concerns around MG and Consultant burnout due to staffing shortage. Establishment review finally agreed and will commen on the 2nd of June. Delayed from May 19th. Engaging HR, finance and performance to heat map current demand vs capacity.	tirsdag 31. mars 2026	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15
2601	28 Jun 2024	John Bolton	Liz Kelley	Risk Assessment	Quality & Patient Safety Academy	Cath Lab Equipment Failure	Downtime of current equipment is preventing optimal numbers of patients being seen, leading to longer waits for elective PCI and pacing work, and pressure on beds due to acute waits. Resulting in the potential for increased patient harm and poor patient experience.	29 Aug 2025	15	(5) Catastrophic	(3) May recur occasionally	9	(3) Moderate	(3) May recur occasionally	03/05/25 Paper delayed going to ETM due to costings, however, capital has been identified this year for at least the current Cath Lab to be replaced	31 Mar 2026	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15

Osbourne-Sheridan
26/09/2025 11:58:31

2612	15 Jul 2024	John Bolton	Mayada ME Elsheikh	Risk Assessment	Quality & Patient Safety Academy People	Emergency Department (ED) Consultant review of pathology and radiology results	There is a risk that, due to the increased numbers of patients requiring enhanced diagnostic tests under the care of the Emergency Department that the significance of some results might get missed and there may be delays actioning the results. This may result in harm to patients and delays in treatment / diagnosis	06 Oct 2025	15	(5) Catastrophic	(3) May recur occasionally	10	(5) Catastrophic	(2) Do not expect it to happen again but it is possible	23/05/2025 "Narrative has changed slightly, action plan not yet enacted. Will prioritise. Risk score unchanged. "	31 Jul 2025	(5) Catastrophic	(3) May recur occasionally	15
2628	31 Jul 2024	John Bolton	Liz Kelley	National Target	Quality & Patient Safety Academy	TB Backlog	If we are unable to see TB referrals within the required 1-2 weeks there will be delayed assessment, investigation and treatment for active or latent TB resulting in increased morbidity and mortality for patients under the care of the TB service, increased admissions to hospital of unwell patients with infectious TB and an increased risk to Public health due to spread of infection and increased cases.	29 Aug 2025	9	(3) Moderate	(3) May recur occasionally	9	(3) Moderate	(3) May recur occasionally	Request additional medical support from a clinical fellow via a business case, using Demand and Capacity to illustrate long term nurse and doctor capacity. THIS HAS BEEN SUBMITTED - is with ETM 05/08/2025 New ID consultant starts 28/04/2025 and provides an extra clinic, which should have released Dr Khalid for some extra capacity in the short term. Dr Khalid should be moving to other areas of Respiratory improvement (eg pleural service) - he was drafted in to assist temporarily 3 years ago to see new entrants. He is due to move into new areas of the service in September 2025 - this has been delayed for 4 years. 6 extra TB sessions were requested at PRA rate from WCP and authorised to assist with bank holiday shortfall. Consider moving some/all clinics to another day for TB to avoid bank holiday impact There are 227 new entrant TB patients for whom there is no consultant capacity to book, who have had a positive screening result. This cohort should be seen within 2 weeks to establish their TB status. Currently the patient waiting longest was referred in April 2024. We are expecting this number to increase exponentially due to a national increase in TB rates, high levels of immigration and overseas recruitment by Universities. Screening processes are due to become more efficient and thus increase levels of active cases. As a result of the above, TB patients are being admitted on to Ward 23 as a result	29 Aug 2025	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15
2677	23 Dec 2024	John Bolton	Rebecca Kidd	Risk Assessment	Quality & Patient Safety Academy	Respiratory Inpatient Capacity	There is a risk that If we do not increase respiratory inpatient capacity including appropriate side room provision, ensuite and appropriate ventilation, then it will lead to infection control out breaks, long stays in AED, inappropriate use of ICU capacity, large number of respiratory outliers. Resulting in avoidable harms to patients and extended length of stay.	30 Sep 2025	20	(5) Catastrophic	(4) Will probably recur, but is not a persistent issue	5	(5) Catastrophic	(1) Cannot believe that this will ever happen again	14.08.2025 - Risk reviewed remains a 15 as the likelyhood is still a 3 as has occured at least once in summer period. Patient transfered from the medical admissions unit without being swabbed resulting in a covid outbreak. IRIS number #22634	01 Sep 2025	(5) Catastrophic	(3) May recur occasionally	15
2697	05 Feb 2025	David Moss	Chris Davies	Trust Wide Risk	Finance and Performance Committee Health and Safety	There is a risk that we will not be able to provide adequate security levels due significant absences in the team resulting in leading to potential increase in security incidents and failure to meet regulations resulting in harm to patients, staff and visitors, and regulatory breaches.	There is a risk that we will not be able to provide adequate security services leading to potential increase in security incidents and failure to meet regulations resulting in harm to patients, staff and visitors, and regulatory breaches.	19 Sep 2025	15	(5) Catastrophic	(3) May recur occasionally	9	(3) Moderate	(3) May recur occasionally	Highlighted within the attached risk assessment with the mitigations being undertaken.	31 Jan 2026	(5) Catastrophic	(3) May recur occasionally	15
2725	17 Mar 2025	John Bolton	Leah Richardson	Risk Assessment	Quality & Patient Safety Academy	The physical condition of the environment where pathology slides and blocks are stored at St Luke's Hospital poses a risk to the material stored. There is further risk to staff safely accessing the material for retrieval due to the location of the storage space.	If we are unable to find a suitable location with the correct environmental considerations for the storage and retrieval of pathology slides and blocks, then we will be in potential breach of legislation (HTA / MHRA / HSE etc) resulting in reduced specimen integrity, non compliance with regulations, reputational damage and harm to staff.	01 Oct 2025	15	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	3	(3) Moderate	(1) Cannot believe that this will ever happen again	04/08/25 - ETM approved offsite storage solution. Work ongoing with procurement. Full tender required.	31 Oct 2025	(3) Moderate	(5) Will undoubtedly recur, possibly frequently	15

Osborne Sheridan
26/09/2025 11:58:31

2753	11 Jul 2025	John Bolton	Jen Green	Risk Assessment	Quality Committee Finance and Performance Committee	Renal Dialysis Capacity	There is a risk that there is insufficient capacity for in-centre (hospital) haemodialysis, meaning we will not be able to provide timely dialysis for new patients potentially resulting in death or serious harm.	31 Oct 2025	25	(5) Catastrophic	(5) Will undoubtedly recur, possibly frequently	5	(5) Catastrophic	(1) Cannot believe that this will ever happen again	Current risk scored as 15. There continues to be high demand for in-centre haemodialysis year on year despite investment in the service, there is also no redundancy. It is expected that 60% of the time we will run out of capacity. 1. Utilise Sunday capacity 2. Weekly scheduling meeting to ensure that the dialysis capacity available is used effectively and appropriately 3. Business case for staff to support Skipton expansion 4. Exec support required to continue to engage with NHSE regarding ongoing need to fund and identify new capacity	31 Mar 2026	(5) Catastrophic	(3) May recur occasionally	15

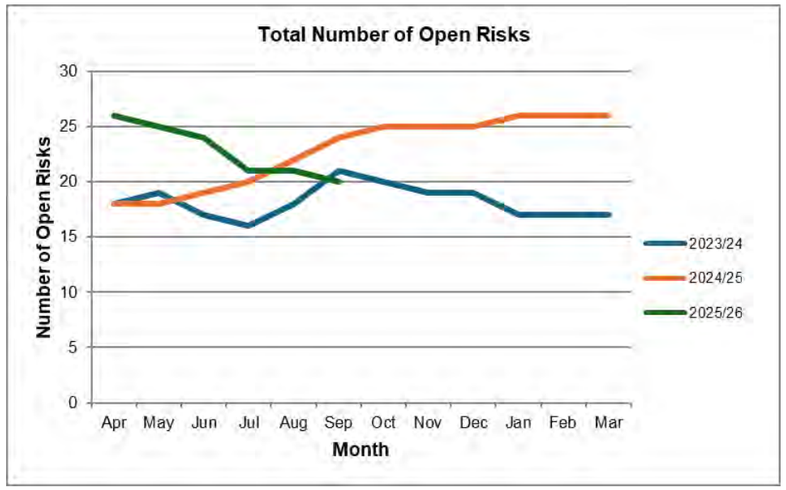
Osbourne-Sheridan
26/09/2025 11:58:31

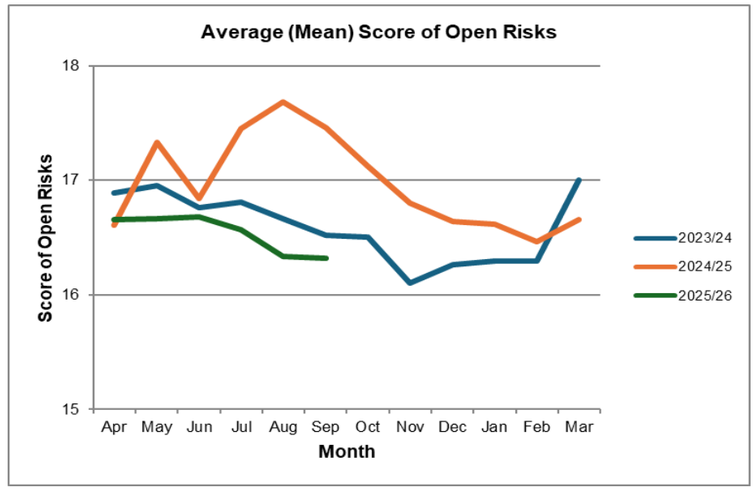
High Level Risks Report on a Page – August/September 2025

Total High Level Risks	20*
Aligned to F&PA	6
Aligned to QA	16
Aligned to PA	5
Aligned to Board	2

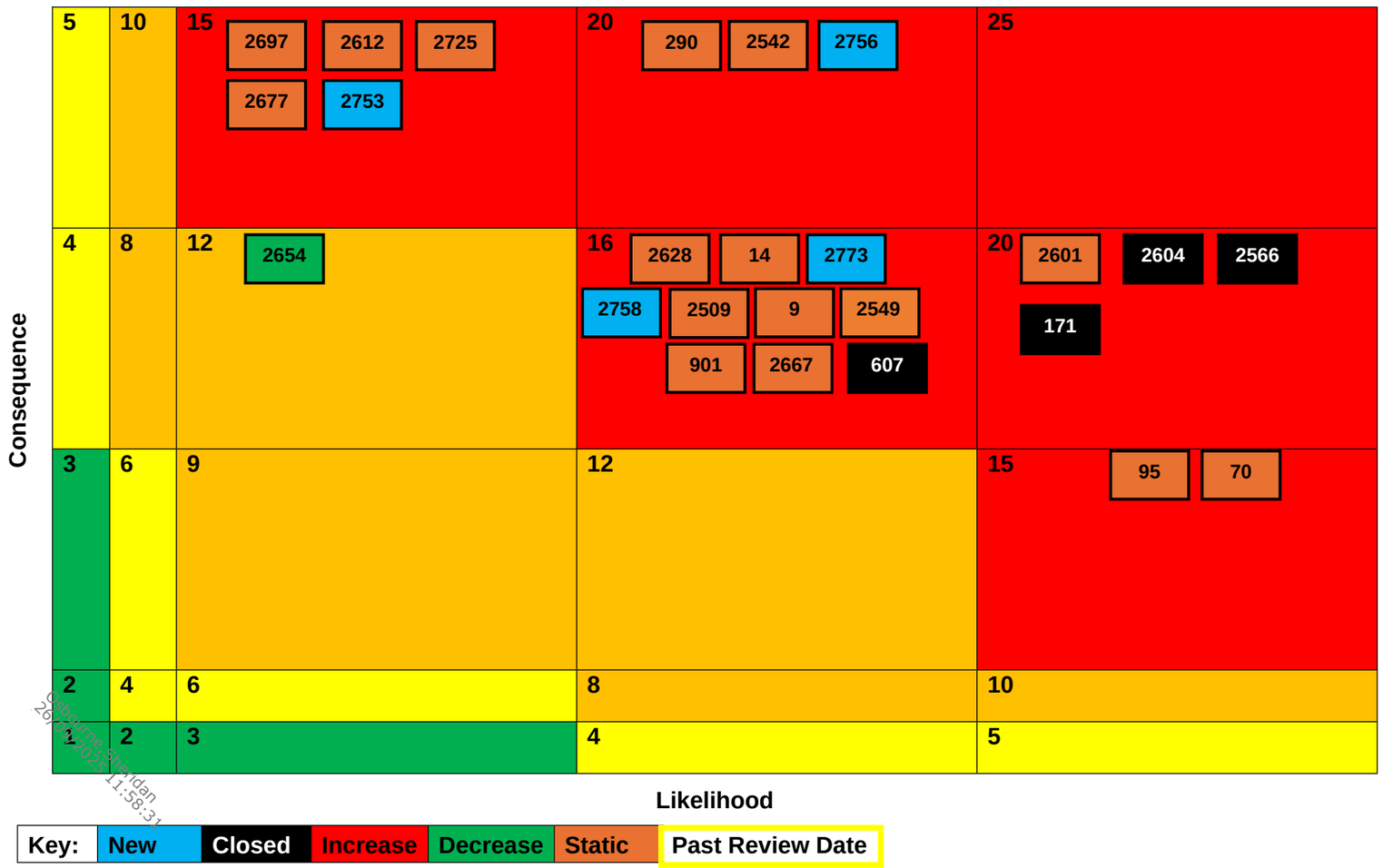
*Note some risks are aligned to more than one Academy/Committee

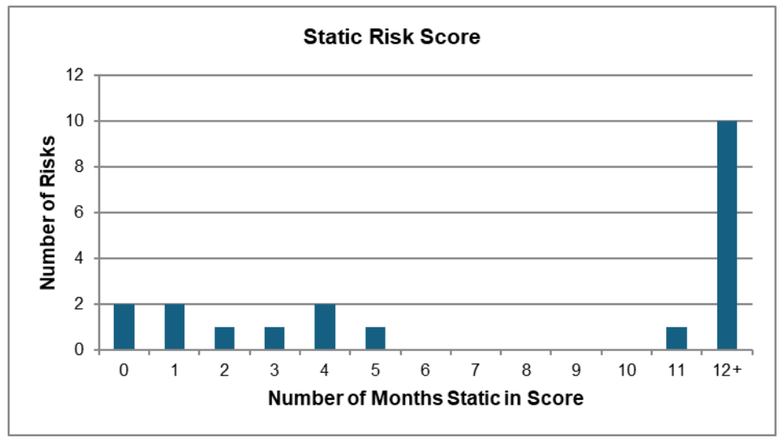
Movement of Risks	
New	4
Marked for closure	4
Risk score increased	0
Risk score static	16
Risk score decreased	1





Risk Overview





Changes to Target Mitigation Date of Current High Level Risks-September 2025

IRIS ID	Date of entry	Academy/ Committee	Current Score - September 2025	Target Score	Original	1st Change	2nd Change	3rd Change	4th Change	5th Change	6th Change	7th Change	8th Change	9th Change	10th Change
2542	04/04/2024	QC	20	1	11/06/2024	05/08/2024	19/11/2024	19/12/2024	11/02/2025	08/04/2025	17/06/2025	12/08/2025	21/10/2025		
290	10/02/2021	QC, F&P	20	10	30/04/2021	31/05/2021	31/03/2023	31/03/2025	30/04/2026						
14	17/10/2023	Board	20	10	30/11/2023	31/03/2024	30/09/2024	31/03/2025	31/12/2025						
2549	05/04/2024	PA & QC	16	4	31/03/2025	31/05/2024	31/10/2024	31/03/2025	31/03/2026						
95	14/12/2022	PA & QC	15	6	28/02/2024	31/08/2024	31/10/2024	31/03/2025	31/03/2026						
2612	15/07/2024	PA & QC	15	6	30/09/2024	03/12/2024	28/02/2025	31/07/2025	06/10/2025						
2601	28/06/2024	QC	15	8	31/12/2024	31/01/2025	31/07/2025	31/03/2026							
901	07/12/2016	QC	16	9	30/04/2024	30/03/2025	30/08/2025	30/09/2025	01/04/2026						
9	10/11/2023	Board	16	8	30/09/2024	31/03/2025	31/12/2025								
70	29/03/2023	F&P & PA	15	6	01/04/2025	31/05/2025	31/12/2025	31/07/2026							
2509	16/02/2024	QC	16	9	01/04/2024	27/12/2025	27/12/2026								
2677	23/12/2024	QC	15	5	01/09/2025										
2667	05/12/2024	QC	16	16	07/05/2025	07/09/2025									
2725	26/03/2025	QC	15	3	31/10/2025										
2628	31/07/2024	QC	16	8	30/05/2025	30/06/2025	29/08/2025								
2697	05/02/2025	F&P	15	9	31/01/2026										
2756	16/07/2025	QC, F&P	20	12	31/12/2025										
2758	18/07/2025	QC, F&P	16	8	31/07/2026										
2753	11/07/2025	QC, F&P	15	5	31/03/2026										
2773	30/08/2025	PA & QC	16	16	20/04/2026										

Key:

Target mitigation date changed since last report

Past the target

Osbourne Sheridan
26/09/2025 11:58:31

Annual Information Governance and Data Protection Officer Report				
Meeting Date:	25/09/2025		**Agenda Reference:**	Bo.9.25.24
Report Title:	Annual Information Governance and Data Protection Officer Report			
Presented by:	Jenny Pope, Head of Information Governance and Data Protection Officer			
Executive Lead:	Vikki Lewis, Chief Digital and Information Officer/Senior Information Risk Owner (SIRO)			
Author:	Graeme Holmes, Information Governance Manager and Jenny Pope, Head of Information Governance/Data Protection Officer (DPO)			
Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☒
Summary of Key Issues/Highlights:	A workplan (in the form of the IG Improvement Plan) is in place that sits alongside the Cyber Assessment Framework (CAF) aligned Data Security and Protection Toolkit (DSPT) plan, plus general IG activities which encompass UK General Data Protection Regulation and Data Protection Act compliance. There were 5 externally reportable incidents to the ICO (Information Commissioner's Office) in 2024/25. None resulted in action being taken by the ICO. IG training compliance at year end stood at 90% and the Trust met the 2024/25 in-year 90% threshold. NB compliance is measured for CAF-DSPT purposes 1 July to 30 June not 1 April to 31 March. The position of the Trust and the level of compliance with IG related legislation and standards is good but can be improved. We have seen progress though this has been limited in some areas. The IG Service plans to deliver a rolling programme of enhancements and checks supported by improvements to policy, procedures, guidance and the right tools and advice for staff. *The full annual report is available in the Board of Directors Reading Room on Admin Control* click here			
Recommendation/s: (including any decision/approval required)	The Board is asked to: • Receive and note this report. • Be satisfied that the Head of IG and DPO role is being effectively planned and discharged to provide the Board of Directors and Trust with the appropriate information and assurances regarding compliance with the UK GDPR and Data Protection Act.			
Link to Strategic Objective:	Quality - To provide outstanding care for patients, delivered with kindness			
Link to Priority Initiatives 2025/26:	Digital Strategy			
Implications				
Risk:	Not Applicable			
Legal/Regulatory:	Well-led Framework, UK General Data Protection Regulation (GDPR) and Data Protection Act 2018.			

Catherine Sheridan
25/09/2025 11:58:14

Quality & Patient Safety:	Good Governance.
Equality, Diversity and Inclusion and Health Equity:	Not Applicable
Resources:	Not Applicable
Environmental sustainability:	Not Applicable
Assurance Route	
Meeting/s where content has been discussed previously:	IG Group and Digital, Data and Technology SLT.

Osbourne Sheridan
26/09/2025 11:58:31

Board of Directors			
Meeting Date:	25/09/25	**Agenda Reference:**	Bo.9.25.25
Report Title:	Committee appointments and NED lead roles		
Presented by:	Sarah Jones, Chair		
Executive Lead:	Sarah Jones, Chair		
Author:	Laura Parsons, Board Secretary		

Report Summary				
Purpose of the paper:	Decision ☒ (approve)	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☐

Summary of Key Issues/Highlights:

This paper is seeking approval of NED appointments to Committees, further to the recent appointment of two NEDs (Tim Swift from 1 September 2025, and Justine Andrew from 1 October 2025), and the impending appointment of a NED from the University of Leeds.

The Board has previously approved the appointment of Tim Swift as the Chair of Quality Committee and a member of the People Academy via e-mail, and is now requested to ratify that decision and approve the appointments of the two new NEDs, and the University NED as follows in red:

	Audit Committee	**Quality Committee**	**People Academy**	**Finance & Performance Committee**	**Charitable Funds Committee**
Chair	Zafir Ali	Tim Swift	Karen Walker	Bryan Machin	Altaf Sadique
Members	Bryan Machin University NED	Karen Walker Justine Andrew	Altaf Sadique Tim Swift	Zafir Ali Justine Andrew	Sarah Jones University NED

The appointments will be reviewed in March 2026 as part of the NED appraisal process.

At its meeting in July 2025, the Board also approved the NED 'champion' appointments as follows:

Area	**Lead**
Roles included in NHSE guidance	
Wellbeing Guardian	Zafir Ali
Freedom to Speak Up	*New NED TBC*
Maternity	Karen Walker
Security Management / Emergency Planning (inc. cyber security)	Altaf Sadique
Doctors Disciplinary	All (appointed by the Chair on a case by case basis)
Additional roles	
Environmental Sustainability	Sarah Jones
Digital and Data	Bryan Machin

Osbourne Sheridan 26/09/2025 11:58:31

	The Board is asked to appoint Justine Andrew as the Freedom to Speak Up NED Champion.
Recommendation/s: (including any decision/approval required)	The Board is asked to: 1. Approve the committee appointments for Tim Swift, Justine Andrew, and the NED to be appointed by the University of Leeds; and 2. Approve the appointment of Justine Andrew as the Freedom to Speak Up NED Champion.
Link to Strategic Objective:	N/A
Link to Priority Initiatives 2025/26:	N/A
Implications	
Risk:	N/A
Legal/Regulatory:	CQC, well-led framework, Health and Social Care Act
Quality & Patient Safety:	N/A
Equality, Diversity and Inclusion and Health Equity:	N/A
Resources:	N/A
Environmental sustainability:	N/A
Assurance Route	
Meeting/s where content has been discussed previously:	N/A

Osbourne Sheridan
26/09/2025 11:58:31

BOARD OF DIRECTORS PUBLIC				
Meeting Date:	25/09/2025		**Agenda Reference:**	Bo.9.25.26
Report Title:	Report on the use of the Foundation Trust's Seal			
Presented by:	Laura Parsons, Associate Director of Corporate Governance/Board Secretary			
Executive Lead:	Reneé Bullock, Chief People and Purpose Officer			
Author:	Sheridan Osbourne, Corporate Governance Officer			
Report Summary				
Purpose of the paper:	Decision ☐ (approve/recommend/ support/ratify)	Assurance ☒	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	In accordance with the Trust's Board of Directors Standing Orders (Section 8.4) '*A report of all sealings and signatures of documents as a deed shall be made to the Board by the Secretary to the Foundation Trust as and when required. The report shall contain details of the seal number, the description of the document and the date of sealing or signature.*' The last report was presented to the Board of Directors on 25 September 2024. The report details the use of the Trust seal between 23 September 2024 - 14 August 2025. This includes entry numbers 383-393.			
Recommendation/s: (including any decision/approval required)	The Board of Directors is asked to receive and note this information.			
Link to Strategic Objective:	N/A			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	N/A			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	N/A			

Published by Sheridan Osbourne 9/19/2025 11:58:31

Report content

Report on the Use of the Foundation Trust's Seal

Set out in the table below is a summary of the capital schemes and other documents that have been sealed during 23 September 2024 – 14 August 2025. This includes entry numbers 370 to 382.

The Board of Directors is asked to receive and note this information.

Entry Number	Item/Scheme	Date
383	Deed of novation between the Arts Council of England, BTHFT and The Leap, Bradford CIC	23.9.2024
384	Contract with GE Medical Systems Ltd for upgrade, refurbishment and reconfiguration of Medical Physics gamma camera room to receive a new gamma camera machine and refurbish the control room at BRI	11.3.2025
385	Underlease for part of Westbourne Green Community Centre, BD8 5RA. Contract with Community Health Partnerships Ltd	18.3.25
386	Collateral warranty between Medical Piped Gases Ltd, Darwin Group Ltd and BTHFT relating to the St Lukes day case unit project	27.5.25
387	Collateral warranty between Helios Fire and Construction Consultancy Ltd, Darwin Group Ltd and BTHFT relation to the St Lukes day case unit project	27.5.25
388	Collateral warranty between Key Geosolutions Ltd, Darwin Group Ltd and BTHFT relating to the St Lukes day case unit project	27.5.25
389	Collateral warranty between Aliport Ltd, Darwin Group Ltd and BTHFT relating to the St Lukes day case unit project	27.5.25
390	Collateral warranty between McCann & Partners Ltd, Darwin Group Ltd and BTHFT relating to the St Lukes day case unit project	27.5.25
391	Lead for execution – room 37 Community Works, Undercliffe Lane, Bradford, BD3 0DW	2.7.25
392	Deed of transfer of the charitable undertaking between BTHFT and Active Bradford Ltd (company number 11178024 and registered charity number 1207836)	5.8.25
393	P23 framework agreement schedule OSA.B. New endoscopy unit, BRI between BTHFT and Robertson Construction Group Ltd	14.8.25

Osbourne Sheridan
26/09/2025 11:58:31

Board of Directors				
Meeting Date:	25/09/25		**Agenda Reference:**	Bo.9.25.27
Report Title:	Board NRC Terms of Reference			
Presented by:	Laura Parsons, Board Secretary			
Executive Lead:	Mel Pickup, Chief Executive			
Author:	Laura Parsons, Board Secretary			
Report Summary				
Purpose of the paper:	Decision ☒ (approve)	Assurance ☐	Action ☐ (review/discuss/ comment)	Information ☐
Summary of Key Issues/Highlights:	The NRC's terms of reference were last approved in September 2025 and are therefore due for review. A number of minor amendments are proposed to ensure that the terms of reference remain up to date, and/or for clarification purposes. The proposed amendments are included as tracked changes at Appendix 1.			
Recommendation/s: (including any decision/approval required)	The Board is asked to approve the proposed changes to the NRC's terms of reference.			
Link to Strategic Objective:	People - To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion			
Link to Priority Initiatives 2025/26:	N/A			
Implications				
Risk:	N/A			
Legal/Regulatory:	CQC, well-led framework.			
Quality & Patient Safety:	N/A			
Equality, Diversity and Inclusion and Health Equity:	N/A			
Resources:	N/A			
Environmental sustainability:	N/A			
Assurance Route				
Meeting/s where content has been discussed previously:	Board NRC, 18 September 2025			

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Bradford Teaching Hospitals
NHS Foundation Trust

Board Nominations and Remuneration Committee
Terms of Reference

Purpose	The Committee is responsible for identifying and appointing candidates to fill all the executive director positions on the board and for determining their remuneration and other conditions of service.
Responsible to	Board of Directors
Delegated authority	The Nominations and Remuneration Committee is established under the Trust's Standing Order – Arrangements for the Exercise of Functions by delegation and is constituted as a standing committee of the Board of Directors. The Nominations and Remuneration Committee is authorised by the Board of Directors to act within its terms of reference.
Duties	• To regularly review the structure, size and composition (including skills, knowledge and experience) required of the Board of Directors and make recommendations to the Board with regard to any changes. • To give full consideration to and make plans for succession planning for the Chief Executive and other Executive Director posts. • To agree the Non-Executive membership of an Appointments Panel to appoint any Executive Director. The panel will normally include the Chair~~person~~ and Chief Executive. The panel will have delegated authority to appoint an Executive Director. • To be responsible for agreeing an Appointments Panel to include the Chair~~person~~ which will then have delegated authority to identify and recommend a suitable candidate for approval by the Council of Governors to fill the position of Chief Executive. • To agree the job description for any Executive Director taking into account the role and capabilities required. • To determine on behalf of the Board of Directors the terms and conditions of employment and salary levels of Executive Directors in the Trust and any other Senior Managers not covered by Agenda for Change terms and conditions. The remuneration of the Chief Executive will be proposed by the Chair~~person and approved by the whole body of Non-Executive Directors~~. The remuneration of

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26/09/2025 11:58:31

Executive Directors will be proposed by the Chief Executive ~~and approved by the whole body of Non-Executive Directors~~.

- In undertaking this function it will:-

a) Observe all statutory and contractual obligations as they affect individual postholders.

b) Act in accordance with the Foundation Trust's standing orders.

c) Have regard to any directions made by the Secretary of State in so far as they apply to Bradford Teaching Hospitals as a Foundation Trust.

d) Have regard to the guidance in any directives on pay and conditions of employment in respect of very senior managers so far as they apply to Bradford Teaching Hospitals as a Foundation Trust.

e) Ensure that regulation 5 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 is complied with in respect of any new or continued appointment.

f) Ensure that in considering any ~~starting~~ salary over £175~~0~~0,000 or above the agreed pay thresholds as set out in the NHS very senior managers (VSM) pay framework, there is a clear and documented rationale for the level of salary awarded and that a~~n opinion from HM Treasury is sought before confirming any appointment~~ pay case is submitted to NHS England in line with the VSM pay framework~~.~~

g) Consider the pension consequences and associated costs to the Foundation Trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.

h) Take into account the financial state of the Foundation Trust.

i) Have regard to legislation on discrimination and the gender pay gap when considering levels of pay/terms and conditions.

j) Ensure that remuneration is sufficient to recruit, retain and motivate Executive Directors at the level of skills appropriate to the role.

k) Consider the relationship between the remuneration of these posts and that of other grades of staff employed in Bradford

Osbourne,Sheridan
26/09/2025 11:58:31

	Teaching Hospitals in particular the layer below Board level. This may include reference to the level of pay awards granted under national pay systems e.g. Agenda for Change. l) Consider any matter relating to the continuation in office of any Executive Director including the suspension or termination of service. m) Consider any proposal for a severance payment to be made to a Senior Manager. A 'Senior Manager' is defined as the Chief Executive or any Director who reports to the Chief Executive, whether or not they are an executive member of the Board. The Remuneration Committee will either reject the proposal or approve a business case to be sent to NHS England if they propose/approve a payment to be made. n) Approve the running of any MARS or Voluntary Redundancy Scheme. o) Make recommendations on any local pay arrangements not covered by national terms. p) Recommend the scope and detail to be included in the annual report concerning basic salary and elements relating to performance including an explanation of the criteria on which performance is based where necessary. q) Review appraisal outcomes for Executive Directors where there is a performance related pay element. r) Be satisfied that a risk assessment has been carried out when it is agreed that an Executive Director can leave the Foundation Trust without serving their full contractual notice. s) Work within the principles contained in the HM Treasury guidance on how to manage public funds in respect of 'special payments' and the Code of Governance for NHS Provider Trusts.
Sub-Groups	The Committee does not have any sub-groups.
Chairing arrangements	The Committee will be chaired by the Trust's Chair. In their absence the Deputy Chair, if present, will preside. If both the Chair and Deputy Chair are absent, or are disqualified from participating, such Non-Executive Director as the Non-Executive Directors present shall

Osbourne Sheridan
26/09/2025 11:58:31

	choose, shall preside over the meeting.
Membership	The Nominations and Remuneration Committee will consist of the Trust Chair and all Non-Executive Directors.
In attendance	The Chief Executive, ~~Chief People and Purpose Officer~~Director of HR and the Associate Director of Corporate Governance/Board Secretary will attend in an advisory capacity. The Committee may invite other staff or external advisors to attend as required.
Conflicts of interest	The Chair, any Non-Executive Director present or Executive Director in attendance at a committee meeting will withdraw from discussions concerning their own appointment, remuneration or terms and conditions of service.
Support	The ~~Chief People and Purpose Officer~~Director of HR and Associate Director of Corporate Governance/Board Secretary will service the Committee and provide specialist advice and information as necessary.
Quorum	This will be the Chair and three other Non-Executive Directors.
Frequency of meetings	For the purpose of the Annual Review of Executive Directors pay the Nominations and Remuneration Committee will meet within the first four months following the 1 April each year. The Nominations and Remuneration Committee will meet at other times for the following purposes as determined by the Chair~~man~~ of the Nominations and Remuneration Committee:- • To keep up to date with relevant developments. • To review remuneration policies. • To consider proposals for changes in terms and conditions of employment. • To consider any in-year variation of salaries and terms and conditions of employment of Executive Directors. • To agree process and salaries for new appointments.
Circulation of papers	Papers will be distributed a minimum of three clear working days in advance of the meeting.
Reporting	The Nominations and Remuneration Committee will meet in private and record the reasons for all decisions and report these decisions to

Document Ameridan 26/09/2025 11:58:31

	the Board of Directors as required. **Communicating Decisions** The responsibility is vested in the ~~Chief People and Purpose Officer~~Director of HR~~-~~ to communicate the decision of the Nominations and Remuneration Committee in writing to each postholder where it affects their pay or terms and conditions of service.
Date agreed by the Committee:	~~03 April 2024~~
Date approved by the Board:	~~25 September 2024~~
Review date:	September 2026~~5~~

Osbourne Sheridan
26/09/2025 11:58:31

BOARD OPEN 2025-27													
Item	**Lead**	**Jul 25**	**Sep 25**	**Nov 25**	**Jan 26**	**Mar 26**	**May 26**	**Jul 26**	**Sep 26**	**Nov 26**	**Jan 27**	**Mar 27**	**Notes**
STRATEGY													
Corporate Strategy / Strategic Framework	Director of Strategy & Transformation	x		x			x			x			
Mental Health Strategy	Chief Nurse	x				x			x			x	
Green Plan	Director of Estates & Facilities	x			x			x			x		
Communications - Annual Update	Chief People & Purpose Officer		x	x					x				
Digital Strategy	CDIO			x			x			x			
Improvement Strategy	Chief Medical Officer	x			x			x			x		
Patient Experience & Engagement Strategy	Chief Nurse	x			x			x			x		
EDI Strategy	Chief People & Purpose Officer		x	x		x			x			x	
People Strategy	Chief People & Purpose Officer												Date TBC
Strategy - Emerging Issues	All	x	x	x	x	x	x	x	x	x	x	x	
QUALITY		**Jul-25**	**Sep-25**	**Nov-25**	**Jan-26**	**Mar-26**	**May-26**	**Jul-26**	**Sep-26**	**Nov-26**	**Jan-27**	**Mar-27**	
CQC Reports/Action Plan	Chief Nurse	x		x									Only when there is relevant information to report July/Nov - quarterly updates on action plan. Review frequency in November.
Infection Prevention & Control Q4 Report (Annual Report)	Chief Nurse						x						
Maternity and Neonatal Services Update	Chief Nurse	x	x	x	x	x	x	x	x	x	x	x	
Inpatient Survey	Chief Nurse			x						x			
Adults & Children Safeguarding Annual Reports	Chief Nurse	x						x					
Research Activity in the Trust	Chief Medical Officer		x*			x			x*			x	*Presentation from Research Team
PEOPLE		**Jul-25**	**Sep-25**	**Nov-25**	**Jan-26**	**Mar-26**	**May-26**	**Jul-26**	**Sep-26**	**Nov-26**	**Jan-27**	**Mar-27**	
Equality, Diversity & Inclusion Update (WRES, WDES)	Chief People & Purpose Officer					x							Presentation
Equality & Diversity Council (quarterly reporting - update)	Chief Executive		x	x		x	x		x	x		x	
Staff Survey Results	Chief People & Purpose Officer						x						
Freedom to Speak Up	Chief Nurse			x			x			x			
Nursing & Midwifery Staffing Establishment Review	Chief Nurse	x			x			x			x		
Guardian of Safe Working Hours annual report	Chief Medical Officer						x						
Medical Appraisal & Revalidation Annual Report & Statement of Compliance	Chief Medical Officer		x	x						x			
Gender Pay Gap Report	Chief People & Purpose Officer					x						x	
Workforce Report	Chief People & Purpose Officer	x		x	x		x	x		x	x		Quarterly - goes to People Jan, April, July, Nov
Healthcare Worker Flu Vaccination Best Practice Assurance	Chief People & Purpose Officer				x						x		
Apprenticeships	Chief Medical Officer					x						x	Presentation
Education Annual Report	Chief Medical Officer						x						
Education Self Assessment Report (SAR)	Chief Medical Officer		x						x				
FINANCE & PERFORMANCE		**Jul-25**	**Sep-25**	**Nov-25**	**Jan-26**	**Mar-26**	**May-26**	**Jul-26**	**Sep-26**	**Nov-26**	**Jan-27**	**Mar-27**	
Finance Report (inc Closing the Gap)	Chief Finance Officer	x	x	x	x	x	x	x	x	x	x	x	
Performance Report	Chief Operating Officer	x	x	x	x	x	x	x	x	x	x	x	
Integrated Dashboard	All	x	x	x	x	x	x	x	x	x	x	x	
Operational Plan Submission	Chief Operating Officer / Chief Finance Officer					x						x	
Financial Plan	Chief Finance Officer					x						x	
Capital Programme	Chief Finance Officer					x						x	
Budget setting process & timetable	Chief Finance Officer			x						x			
Winter Plan	Chief Operating Officer		x	x						x			
Charity ISA 260, Draft Annual Report & Accounts and draft Letter of Representation	Chief Finance Officer				x						x		
PARTNERSHIPS		**Jul-25**	**Sep-25**	**Nov-25**	**Jan-26**	**Mar-26**	**May-26**	**Jul-26**	**Sep-26**	**Nov-26**	**Jan-27**	**Mar-27**	
Health Inequalities	Director of Strategy & Transformation		x			x			x			x	
Partnerships - strategic view	Director of Strategy & Transformation	x		x		x		x		x		x	
GOVERNANCE / ASSURANCE		**Jul-25**	**Sep-25**	**Nov-25**	**Jan-26**	**Mar-26**	**May-26**	**Jul-26**	**Sep-26**	**Nov-26**	**Jan-27**	**Mar-27**	
Board Assurance Framework	Chief People & Purpose Officer	x		x	x		x	x		x	x		

BOARD OPEN 2025-27													
Item	Lead	Jul 25	Sep 25	Nov 25	Jan 26	Mar 26	May 26	Jul 26	Sep 26	Nov 26	Jan 27	Mar 27	Notes
High Level Risk Register	Chief Nurse	x	x	x	x	x	x	x	x	x	x	x	
Review of Standing Orders/SFIs/Scheme of Delegation	Chief Finance Officer / CPPO			x						x			
Constitution - annual review	Chief People & Purpose Officer			x						x			
Self Certification of Provider Licence	Chief People & Purpose Officer						x						
NED Independence Test	Chief People & Purpose Officer						x						
Compliance with NHS Code of Governance	Chief People & Purpose Officer						x						
Well Led Review & Board Self Assessment	Chief People & Purpose Officer												Date TBC
Annual Report from Academies and Committees	Committee/Academy Chairs						x						
Risk Appetite Review	Chief People & Purpose Officer						x						
Annual Fire Safety Report	Director of Estates & Facilities						x						
Annual Health & Safety Report	Director of Estates & Facilities	x	x					x					
Premises Assurance Model Progress Report	Director of Estates & Facilities			x						x			
Annual Security Report	Director of Estates & Facilities		x						x				
Violence Prevention & Reduction Standard	Director of Estates & Facilities		x				x		x				Sept - part of Annual Security Report
Data Security & Protection Toolkit	CDIO						x						
DPO Annual Report	DPO		x						x				
Emergency Preparedness, Resilience & Response & NHSE Core Standards	Chief Operating Officer		x						x				
Use of the Trust Seal	Chief People & Purpose Officer		x						x				
NED Champion Roles - annual review	Chair						x						
Fit and Proper Person Test - annual review	Chief People & Purpose Officer						x						
Modern Slavery Statement	Chief People & Purpose Officer			x						x			
COG Engagement Policy	Chief People & Purpose Officer	x		x									
STANDING ITEMS		Jul-25	Sep-25	Nov-25	Jan-26	Mar-26	May-26	Jul-26	Sep-26	Nov-26	Jan-27	Mar-27	
Patient Story	Chief Nurse	x		x		x		x		x		x	
Getting to know the CSUs	Chief Operating Officer/Chief Medical Officer/Chief Nurse		x		x		x		x		x		
Chair's Report	Chair	x	x	x	x	x	x	x	x	x	x	x	
Chief Executive's Report	Chief Executive	x	x	x	x	x	x	x	x	x	x	x	
Chair's report from Academies and Committees	Committee/Academy Chairs	x	x	x	x	x	x	x	x	x	x	x	

Key:
Planned item
Planned item deferred to future meeting
Planned item cancelled and not re-planned in / state reason in notes
Item discussed at the meeting

Osbourne Sheridan
26/09/2025 11:58:31